

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725219 (0)

1. Corporation Name

SEBRING LIONS CLUB CHARITIES, INC.

Principal Place of Business

1200 FARIMONT DRIVE  
SEBRING FL 33870

Mailing Address

1200 FARIMONT DRIVE  
SEBRING FL 33870-16153. Date Incorporated or Qualified  
01/08/19733a. Date of Last Report  
02/09/1996

4. FEI Number

59-1828602

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORALES, CARLOS M.  
2127 SPARROW AVENUE  
SEBRING FL 33827

81 Name

MORALES, CARLOS M.

82 Street Address (P.O. Box Number is Not Acceptable)

4607 CADAQUA DR.

83

84 City

SEBRING

85

Zip Code

FL 33872-2330

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME SCIGILIANO, ROBERT  
STREET ADDRESS 4229 HERALDO AVE  
CITY-ST-ZIP SEBRING FL1.1 TITLE pd. ☐ Change ☐ Addition  
1.2 NAME CARLOS MORALES  
1.3 STREET ADDRESS 4607 CADAQUA DR.  
1.4 CITY-ST-ZIP SEBRING,, FL. 33872-2330TITLE PPD ☒ DELETE  
NAME DEMIAR, EDDIE L  
STREET ADDRESS 1030 W GARRETT RD  
CITY-ST-ZIP AVON PARK FL2.1 TITLE PPD ☐ Change ☐ Addition  
2.2 NAME ROBERT SCIGLIANO  
2.3 STREET ADDRESS 4220HERALDO AVE.  
2.4 CITY-ST-ZIP SEBRING, FLORIDA 33872TITLE TD ☒ DELETE  
NAME MORALES, CARLOS M.  
STREET ADDRESS 2127 SPARROW AVE  
CITY-ST-ZIP SEBRING FL3.1 TITLE T D ☐ Change ☐ Addition  
3.2 NAME GILBERT SCHMIDT  
3.3 STREET ADDRESS 3818 SUNBIRD CR.  
3.4 CITY-ST-ZIP SEBRING, FLORIDA 33870TITLE VP ☒ DELETE  
NAME SCHROEDER, LOIS  
STREET ADDRESS 542 POMEGRANATE LOT #6  
CITY-ST-ZIP SEBRING FL4.1 TITLE SEC ☐ Change ☐ Addition  
4.2 NAME LOIS SCHROEDER  
4.3 STREET ADDRESS 1725 JERI KAYE LANE  
4.4 CITY-ST-ZIP SEBRING, FLORIDA 33870TITLE SD ☒ DELETE  
NAME PICKLES, SPENCER H.,  
STREET ADDRESS 1614 SHAMROCK DR.  
CITY-ST-ZIP SEBRING FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064211

CP2E037 (9/96)