FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION · ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morriam

Secretary of State
DIVISION OF CORPORATIONS

1998
DÖCUMENT #

725219

(0)

SEBRING LIONS CLUB CHARITIES, INC.

Principal Place of Business Malling Address]	n sadisti sadan arbat dansa sasah tibit	I DBFC WHULL BI	BII ALAII RIBII DI	AUE MEDIE (AN)	
1200 FARIMONT DRIVE 1200 FARIMONT DRIVE SEBRING FL 33870 SEBRING FL 33870								3.	Date Incorporated or Qualified				
								4	01/08/1973 FEI Number		Tár	plied For	
								"	59-1828602		- 	ot Applicable	
2. Principal Pr	ace of Busine	958	28.	2a. Mailing Address				╁╌			\$8.75		
21			26	26				6.	Certificate of Status Desired		Fee Re		
Suite, Apt. #, etc.				Sulte, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
City & State				City & State			7. Is this nonprofit corporation a homeowners association?						
Zip	Country			Zip Country			······································	8. This corporation owes or has paid the current year Intangible					
24	\	26	29		30			1	Personal Property Tax due Jun			No	
9. Name and Address of Current								10. Name and Address of New Registered Agent					
						81	Name		DD\$ 57				
MORALES, CARLOS M. (DECEASED)						82	AL S Street Addre	ss (P.	RPATI O. Box Number is Not Accepts	ıble)		·	
4607 CADAQUA DRIVE							2321	Ν.	W. LAKEVIEW DI	₹•`			
SEBRING	3 FL 33872					63	SEBRI	r NG	FLORIDA	33	870		
						64	City			FL		Code	
office or re agent. I as	11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 Of Scanhati AL SCARPATI 2/17/98													
Signature! typed or printed name of registered agent and title if applicable (NOTE: R 12. OFFICERS AND DIRECTORS						d Ager	nt signature required		reinstating) ADDITIONS/CHANGES TO OFFI	CEDS AND	DIDECTOR	E IN 12	
TITLE	PD	OFFICENS A	AND DIREC	DELETE	13. 1.1 T	TIF			DUITIONS/CHANGES TO OFFI	D AIN	Change	Addition	
NAME		S, CARLOS		- A percu	12 N		P	λL	SCARPATI	V	Onempo		
STREET ADDRESS		DAQUA DRIVW			•		ADDRESS 2	232	1 N.W.LAKEVIEW	V DR.			
CITY-ST-ZIP	SEBRING					ITY-ST	ء ا	SEB	RING, FLORII)A	33870		
TITLE	PPD	D		DELETE	2.1 T		- - "				Change	Addition	
RAME		NO, ROBERT			2.2 N	AME							
STREET ADDRESS	4220 HERALDO AVENUE			2.3 STR			ADDRESS					i	
CITY-ST-ZIP	SEBRING	FL			2.40	ITY-SI	T-ZIP						
TITLE	TD	D		DELETE	3.1 T	TLE					Change	Addition	
NAME	SCHMID1	r, gilbert			3.2 N	AME							
STREET ADDRESS		NBIRD CIRCLE			3.3 S	TREET A	ADDRESS						
CITY-ST-ZIP	<u>SEBRING</u>	FL			3.4. (ITY-S	T-ZIP						
TITLE	8	D		☐ DELETE	4.1 Ti	TLE					L Change	Addition	
NAME	SCHROE	DER ,LOIS			4.21							ļ	
STREET ADDRESS		RI KAYE LANE					ADDRESS					i	
CITY-ST-ZIP	SEBRING	FL		- Document		TY-ST	-ZIP				Obsessed	☐ AdditIon	
TITLE				☐ DELETE	5.1 7						Change	☐ MODITION ☐	
NAME					5.2 N		******						
STREET ADDRESS							ADDRESS					j	
CITY-ST-ZIP TITLE				DELETE	5.4 C	ITY-ST	- 211				Change	Addition	
NAME					6.2 N		1				CHOINGS		
STREET ADDRESS					1 .		ADDRESS					ł	
CITY-ST-ZIP						ITY-ST							
	ertify that the	information supplied	with this f	iling does not qualif				ection	n 119.07(3)(i), Florida Statutes.	I further co	ertify 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:

Scanfrat HEALII SCIARPAT

1-27-98 382072

FILED

Mar 26 1998 8:00am

Secretary of State