

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725978** (1)

1. Corporation Name

**LIONS CLUB OF SPRING HILL, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**247 HALLCREST AVE  
SPRING HILL FL 34608-6933  
US**

**PO BOX 3063  
SPRING HILL FL 34606-0961  
US**

3. Date Incorporated or Qualified

**04/03/1973**

4. FEI Number

**59-6214539**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, MARTHA  
9286 BENROCK RD  
SPRING HILL FL 34608**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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 **D** ☒ DELETE  
NAME **SIDLER, EDWARD**  
STREET ADDRESS **D12148 CORONADO DR**  
CITY-ST-ZIP **SPRING HILL FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **George Burmester**  
1.3 STREET ADDRESS **1468 New Hope Road**  
1.4 CITY-ST-ZIP **Spring Hill, Fla. 34606**

TITLE **D** ☐ DELETE  
NAME **SCHWARTZBECK, ROLAND**  
STREET ADDRESS **9012 ELDRIDGE RD**  
CITY-ST-ZIP **SPRING HILL, FL 00000 34608**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **KELLY, MARTHA**  
STREET ADDRESS **9286 BENROCK RD**  
CITY-ST-ZIP **SPRING HILL, FL 00000 34608**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MCGUINNESS, ROBERT**  
STREET ADDRESS **1295 PILGRIM RD**  
CITY-ST-ZIP **SPRING HILL, FL 00000 34606**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition  
5.2 NAME **RALPH LOFFREDO**  
5.3 STREET ADDRESS **2297 LAREDO AVE**  
5.4 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: **Martha B. Kelly** **MARTHA B KELLY**

**2/4/98**

CFR2E037 (10/97)