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FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90039 001 ****61.25

0013453

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733880

1. Corporation Name

DELAND LIONS CLUB, INC.

Principal Place of Business

410 N GARFIELD AVE
PO BOX 522
DELAND FL 32721-0522

Mailing Address

410 N GARFIELD AVE
PO BOX 522
DELAND FL 32721-0522



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/22/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6152554	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GOULD, VINCENT W 230 E TAYLOR RD DELAND FL 32724				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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	DT	1.1 TITLE	
NAME	MCWAID, ROBERT	1.2 NAME	
STREET ADDRESS	222 W. SPRING GARDEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HUNT, EARLE	2.2 NAME	
STREET ADDRESS	2330 E. NEW YORK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	COWAN, CHAD	3.2 NAME	William Mc Gehee
STREET ADDRESS	1013 TORCHWOOD DR.	3.3 STREET ADDRESS	615 S. Blue Lake Ave
CITY-ST-ZIP	DELAND FL 32724	3.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	D	4.1 TITLE	
NAME	BARRETT, ANDREW	4.2 NAME	Calvin Brown
STREET ADDRESS	401 SECLUDED OAKS TRAIL	4.3 STREET ADDRESS	2676 Wilma Hunt Rd
CITY-ST-ZIP	DELAND FL 32724	4.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	SD	5.1 TITLE	
NAME	JONES, STEPHEN A	5.2 NAME	Robert Wolfe
STREET ADDRESS	2013 E. BARLINGTON DR	5.3 STREET ADDRESS	1681 Tim Box Hill Dr
CITY-ST-ZIP	DELAND, FL 00000 32725	5.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	D	6.1 TITLE	
NAME	HOPKINS, JOHN H.	6.2 NAME	
STREET ADDRESS	510 NUTMEG CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	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, with all other like empowered.

SIGNATURE:

Robert A. McWaid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99
Date

708-736-7993
Daytime Phone #

CR2E037 (1/98)