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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 735087

1. Corporation Name

COTEE RIVER LIONS CLUB, INC.

Principal Place of Business

8
 8320 PLATHE ROAD
 NEW PORT RICHEY FL 34656-0773
 US

Mailing Address

P.O. BOX 773
 NEW PORT RICHEY FL 34656-0773
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/02/1976

4. FEI Number

51-0195691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

BALOGH, FRANK
 14821 CASSANDRA DR.
 ODESSA FL 33556

10. Name and Address of New Registered Agent

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 agent 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

TITLE P ☒ DELETE
 NAME PHILLIPS, CHARLIE
 STREET ADDRESS 1719 COSMOS DR
 CITY-ST-ZIP HOLIDAY FL 34690

TITLE S ☒ DELETE
 NAME ELLIOTT, MARILYN
 STREET ADDRESS 9045 PONTIAC ST
 CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE PTD ☒ DELETE
 NAME CAGGIANO, JOSEPH
 STREET ADDRESS 5708 LAGOOD DR
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE VPD ☒ DELETE
 NAME NEZBETH, IVEY
 STREET ADDRESS 8832 WATERMAN CT
 CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TD ☐ DELETE
 NAME MCNEILL, CHERYL
 STREET ADDRESS 5604 ANTELOPE LANE
 CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ DELETE
 NAME BALOGH, FRANK
 STREET ADDRESS SR 54 RTE 3 BOX 1603
 CITY-ST-ZIP ODESSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
 1.2 NAME ~~GILFORD~~ GILFORD CRANG
 1.3 STREET ADDRESS 7423 FAIRWOOD AVE
 1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34653

2.1 TITLE SECRETARY ☒ Change ☐ Addition
 2.2 NAME KENNETH-E. HUBER
 2.3 STREET ADDRESS 11807 SALTREE LANE
 2.4 CITY-ST-ZIP PORT RICHEY FL 34668

3.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
 3.2 NAME DANIEL D. AMOR
 3.3 STREET ADDRESS 7026 BAILLIE DRIVE
 3.4 CITY-ST-ZIP NEW PORT RICHEY FL 34653

4.1 TITLE DIRECTOR ☒ Change ☐ Addition
 4.2 NAME JOHN A. GRILL
 4.3 STREET ADDRESS 10038 BEEFMSTER COURT
 4.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99

Date

(727) 846-1444

Daytime Phone #

CR2E037 (11/98)