

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

**APPROVED
AND
FILED**

95 JUN 20 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751820 (2)

1. Corporation Name
TRAILSIDE LIONS CLUB FOUNDATION OF FLORAL PARK, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 10727 ANDERSON LN LAKE WORTH FL 33467 US	Mailing Address 10727 ANDERSON LN LAKE WORTH FL 33467 US
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3. Date Incorporated or Qualified 04/01/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2400469	Applied For Not Applicable

2. Principal Place of Business 21 118 N DIXIE HWY	2a. Mailing Address 26 118 N DIXIE HWY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LANTANA FL	City & State 28 LANTANA FL
Zip 24 33462-3296	Country 25 PALM BCH
Zip 29 33462-3296	Country 30 PALM BCH

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DARIO, ROBERT
10727 ANDERSON LANE
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	118 N DIXIE HWY
83	
84 City	LANTANA FL
85 Zip Code	33462-3296

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANALLEN, ROBERT	1.2 NAME	
STREET ADDRESS	2690 CAMBRIDGE RD	1.3 STREET ADDRESS	5705 LANTANA RD
CITY - ST - ZIP	LANTANA FL	1.4 CITY - ST - ZIP	LANTANA FL 33463
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODA, VIOLA	2.2 NAME	
STREET ADDRESS	2690 CAMBRIDGE RD	2.3 STREET ADDRESS	5705 LANTANA RD
CITY - ST - ZIP	LANTANA FL	2.4 CITY - ST - ZIP	LANTANA FL 33463
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBOVICK, MIKE	3.2 NAME	
STREET ADDRESS	2690 CAMBRIDGE ROAD	3.3 STREET ADDRESS	5705 LANTANA RD.
CITY - ST - ZIP	LANTANA FL	3.4 CITY - ST - ZIP	LANTANA FL 33463
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIO, BOB	4.2 NAME	
STREET ADDRESS	2690 CAMBRIDGE ROAD	4.3 STREET ADDRESS	5705 LANTANA RD
CITY - ST - ZIP	LANTANA FL	4.4 CITY - ST - ZIP	LANTANA, FL 33463
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, LYNN	5.2 NAME	BAYNES, LYNN
STREET ADDRESS	2690 CAMBRIDGE ROAD	5.3 STREET ADDRESS	505 LANTANA RD
CITY - ST - ZIP	LANTANA FL	5.4 CITY - ST - ZIP	LANTANA, FL 33463
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: Lynn D Baynes **LYNN D BAYNES** 6/15/95 407 582 3367

CR2E037 (3/95)