## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #**Corporation Name

(7)

CORAL SPRINGS LIONS CHIR INC.

**FILED** Mar 10 1998 8:00am Secretary of State

COMPLETE MINIOUS CLOUD, MO.							A MARINE ARABA SINAN SAHAK BIRAN ARAM ARAM ARAM ARAM ARAM ARAM ARAM A	
Principal Place of Business			Mailing Address					
P.O. BOX 8534 CORAL SPRING	S FL 33075		P.O. BOX 8534 CORAL SPRINGS FL 33075					3. Date Incorporated or Qualified  12/11/1980  4. FEI Number Applied For
2. Principal P	lace of Business		2a. Mailing Address					23-7143071   Not Applicable
21			26	¬ ~				5. Certificate of Status Desired
Suite, Apt. #, etc.			+	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22			27	-				Trust Fund Contribution Added to Fees
City & Stat	е		City & State					7. Is this nonprofit corporation a homeowners association?
23			28					☐ Yes X No
Zip	Country			Zip Cou				This corporation owes or has paid the current year Intaggible
24			29		30			Personal Property Tax due June 30. Yes X No
	9. Name and A	ddress of Current	Register	ed Agent		1		10. Name and Address of New Registered Agent
						81	Name	e j
Dawson, Robert S.						82	Street	et Address (P.O. Box Number is Not Acceptable)
8532 NW 27TH DR						63		
CORAL	SPRINGS FL 3306	35				63		
						84	City	85 Zip Code
11. Purcuant	to the provisions of	Coctions 617 0502	and 617	1500 Elorida Ctat.	ton the c			FL S 24 COOK
office or r	egistered agent, or	both, in the State of	Florida	Such change was	authorize	od by	the cor	ed corporation submits this statement for the purpose of changing its registered orporation'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 printer	I name of registered agent.	and tille if an	plicable (NO	TF: Bogister	od Acros	ot ekoneture	ure regulred when reinstating) DATE
12.	The state of the s	OFFICERS AND			13.		rik Bigitatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP			☐ DELETE	1.11	TILE		Change Addition
NAME	STEVIC, NATALE A			121				
STREET ADDRESS 9105 N.W. 38TH DRIVE			1.3 ST			TREET	ADDRESS	s
CITY-ST-ZIP	ry-st-zip CORAL SPRINGS FL 33065			1			T - ZIP	
TITLE	DS			DELETE	2.1 T			Change Addition
NAME	O'TOOLE, JOH				2.2 NAME			
STREET ADDRESS				2.3 S			ADDRESS	s
CITY-ST-ZIP CORAL SPRINGS FL 33065						CITY-S	1 - ZIP	AND AND
TITLE	DT			DELETE	3.1 T	(TLE		Change Addition
NAME	DAWSON, ROBERT S			3.2 f				
STREET ADDRESS				3.3 \$			ADDRESS	S
CITY-ST-ZIP	CORAL SPRING	3S FL 33065			3.4. (	CITY-S	T-ZIP	
TITLE	DV			DELETE	4.1 7	ITLE		L] Change L] Addition
NAME	DAVID W. SIMPSON			4.21	4. 2 NAME			
STREET ADDRESS	8241 SW 9th PLACE			4.3 \$	4.3 STREET ADDRESS		S	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068					4.4 CITY-ST-ZIP		
TITLE				☐ DELETE	5.1 T			Change Addition
NAME					5.2 N			
STREET ADDRESS							ADDRESS	S
CITY-ST-ZIP	<del></del>			DELETE		ITY-ST	I - ZIP	Acres Division
TITLE				L. DELETE	6.1 T			☐ Change ☐ Addition
NAME					62 N			
STREET ADDRESS					6.3 \$	TREET	ADDRESS	5

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.

Rohert S. Dawson

SIGNATURE: