FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 30 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765886 (7)

1. Corporation Name
DANIA LIONS CLUB, INC.

Principal Place of Business	Mailing Address
% RICHARD R. SOBCZAK 224 S. E. 6TH STREET DANIA FL 33004	% RICHARD R. SOBCZAK 224 S. E. 6TH STREET DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1982
3a. Date of Last Report: 01/27/1994
4. FEI Number: 23-7363369 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SOBCZAK, RICHARD R
224 SE 6TH ST
DANIA FL 33004

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, MURRY	1.2 NAME	
STREET ADDRESS	415 S. FEDERAL HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP	
TITLE	PVD	2.1 TITLE	☐ Change ☐ Addition
NAME	SOBCZAK, RICHARD R	2.2 NAME	
STREET ADDRESS	224 SE 6TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SP	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, J. MICHAEL	3.2 NAME	
STREET ADDRESS	1907 ARTHUR STR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	WINTHERS, WILLIAM	4.2 NAME	
STREET ADDRESS	7975 S.W. 28TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	EDMOND, LODGE	5.2 NAME	
STREET ADDRESS	4870 S.W. 29TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

$1/31

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)(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: James M Moore Treasurer 1/26/95 305-981-1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037104