

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 770440 (6)

1. Corporation Name

ASTOR LIONS CLUB, INC.

Principal Place of Business

Mailing Address

**ALCO ROAD
P.O. BOX 471
ASTOR FL 32102**

**ALCO ROAD
P.O. BOX 471
ASTOR FL 32102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1983

3a. Date of Last Report

04/19/1994

4. FBI Number

59-2600058

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. 189.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REEDER, RALPH
LAKE SKIMMERHORN RD
P.O. BOX 43
ASTOR FL 32002**

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

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	D
NAME	TUCKER, WILLIS
STREET ADDRESS	1687 RIVER RD
CITY-ST-ZIP	ASTOR FL
TITLE	D
NAME	LUCAS, CURTIS
STREET ADDRESS	P.O. BOX 80, NA
CITY-ST-ZIP	ASTOR, FL 00000
TITLE	V
NAME	REEDER, ARTHUR
STREET ADDRESS	P.O. BOX 43B, NA
CITY-ST-ZIP	ASTOR FL
TITLE	D
NAME	HITT, WILLIAM
STREET ADDRESS	25038 DEXTER RD
CITY-ST-ZIP	ASTOR FL
TITLE	D
NAME	MURRELL, CLYDE
STREET ADDRESS	24543 ALLIGATOR RD
CITY-ST-ZIP	ASTOR FL
TITLE	ST
NAME	CRIFE, DAVID
STREET ADDRESS	203 E KENTUCKY AVE.
CITY-ST-ZIP	DELAND FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 if changed, or as an attachment with an address.

SIGNATURE:

DAVID R. CRIFE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

904-259-2600

Daytime (Phone)