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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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P.O. BOX 471  
ASTOR FL 32102

3. Date Incorporated or Qualified  
09/27/1983

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

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 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

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~~ ☒ DELETE  
NAME ~~TUCKER, WILLIS~~  
STREET ADDRESS ~~1687 RIVER RD~~  
CITY - ST - ZIP ~~ASTOR FL~~

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME JACK R. LYNNARDY SR  
1.3 STREET ADDRESS 25028 10YD ST.  
1.4 CITY - ST - ZIP ASTOR, FL 32102

TITLE D ☐ DELETE  
NAME LUCAS, CURTIS  
STREET ADDRESS P.O. BOX 80, NA  
CITY - ST - ZIP ASTOR, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE V ☐ DELETE  
NAME REEDER, ARTHUR  
STREET ADDRESS P.O. BOX 43B, NA  
CITY - ST - ZIP ASTOR FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME HITT, WILLIAM  
STREET ADDRESS 25038 DEXTER RD  
CITY - ST - ZIP ASTOR FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME MURRELL, CLYDE  
STREET ADDRESS 24543 ALLIGATOR RD  
CITY - ST - ZIP ASTOR FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ST ☐ DELETE  
NAME CRIPE, DAVID  
STREET ADDRESS 203 E KENTUCKY AVE.  
CITY - ST - ZIP DELAND FL

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 352-759-3412  
Date Daytime Phone #

CR2E037 (12/95)