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Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32102ALCO ROAD
P.O. BOX 471
ASTOR FL 32102-04713. Date Incorporated or Qualified
09/27/19833a. Date of Last Report
04/08/19964. FEI Number
59-2600058Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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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 V ☐ DELETE
NAME JACK R LYNADY, SR
STREET ADDRESS 25028 LOYD ST
CITY-ST-ZIP ASTOR FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME LUCAS, CURTIS
STREET ADDRESS P.O. BOX 80, NA
CITY-ST-ZIP ASTOR, FL 000002.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE V ☐ DELETE
NAME REEDER, ARTHUR
STREET ADDRESS P.O. BOX 43B, NA
CITY-ST-ZIP ASTOR FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME HITT, WILLIAM
STREET ADDRESS 25038 DEXTER RD
CITY-ST-ZIP ASTOR FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MURRELL, CLYDE
STREET ADDRESS 24543 ALLIGATOR RD
CITY-ST-ZIP ASTOR FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ST ☐ DELETE
NAME CRIPE, DAVID
STREET ADDRESS 203 E KENTUCKY AVE.
CITY-ST-ZIP DELAND FL6.1 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 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:

David R. Cripe DAVID R. CRIPE SECRETARY 2/12/97 352-759-3412

CR2E037 (9/96)