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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2600058

Applied For

Not Applicable

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

29 30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEDER, RALPH
LAKE SKIMMERHORN RD 21425 Darden Rd.
P.O. BOX 43 Astor, FL 32102-3313
ASTOR FL 32002

81 Name

Ralph Reeder

82 Street Address (P.O. Box Number is Not Acceptable)

21425 Darden Rd.

83

84 City

Astor

FL

85 Zip Code

32102-3313

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 reappointing)

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 FL

1.1 TITLE ST ☒ Change ☐ Addition
1.2 NAME Ann Reeder
1.3 STREET ADDRESS 21425 Darden Rd
1.4 CITY-ST-ZIP Astor, FL 32102-3313

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

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Lucas, Curtis
2.3 STREET ADDRESS P.O. BOX 81 N/A
2.4 CITY-ST-ZIP Astor, FL 32102-3313

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

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Reeder, Arthur
3.3 STREET ADDRESS 21448 Darden Rd
3.4 CITY-ST-ZIP Astor, FL 32102-3313

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 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: *Ralph Reeder* 3-20-98 352-750-8901

CR2E037 (10/97)