

DOCUMENT # N00000004660

1. Entity Name

QUINCY LIONS CLUB, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90025 034 ****61.25

Principal Place of Business

37 N CLEVELAND ST
QUINCY FL 32351

Mailing Address

37 N CLEVELAND ST
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0230195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLOUD, FLAKE
121 COOL SPRINGS LN
QUINCY FL 32351

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
PD
MCNEESE, MAXINE
511 N STEWART ST
QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
VD
GUTTRY, JOHN
813 W FRANKLIN ST
QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
SD
CLOUD, FLAKE
121 COOL SPRINGS LN
QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
TD
WHITTLE, W.O.
394 TALQUIN AVE
QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
D
MORRIS, DON
322 N CALHOUN ST
QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
D
POWELL, CHARLES
190 POWELL RD
QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)