

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90535 041 ***61.25

DOCUMENT # N00000004660

1. Entity Name
QUINCY LIONS CLUB, INC.



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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **JOHN, GUTTA**
STREET ADDRESS **124 N SHAFTER STREET**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **DON MORRIS - PD** ☒ Change ☐ Addition
NAME **322 N CALHOUN ST.**
STREET ADDRESS **QUINCY, FL 32351**
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **MORRIS, DON**
STREET ADDRESS **322 N CALHOUN STREET**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **CHARLE POWELL VD** ☒ Change ☐ Addition
NAME **190 POWELL Rd.**
STREET ADDRESS **QUINCY, FL 32351**
CITY-ST-ZIP

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

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

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

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

TITLE **D** ☒ Delete
NAME **ALLEN, MCDEARMID**
STREET ADDRESS **761 LALLY RD**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **KEITH RASH** ☒ Change ☐ Addition
NAME **160 BLIND BROOK Rd**
STREET ADDRESS **HAVANA, FL 32333**
CITY-ST-ZIP

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

TITLE **BILL ALLEN** ☒ Change ☐ Addition
NAME **288 DEERWOOD CIRCLE**
STREET ADDRESS **QUINCY, FL 32352**
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*

1/16/03 875-8470

CR2E037 (10/02)