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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N01273 (4)

1. Corporation Name
LIONS CLUB OF OLDSMAR, INC.

Principal Place of Business	Mailing Address
1696 PINE PLACE P.O. BOX 1051 CLEARWATER FL 34615 US	1696 PINE PLACE P.O. BOX 1051 CLEARWATER FL 34615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1612490 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2418 DANA DRIVE	26 2418 DANA DRIVE
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 SAFETY HARBOR, FLORIDA	City & State 28 SAFETY HARBOR, FLORIDA
Zip 24 34695 Country 25 USA	Zip 29 34695 Country 30 USA

9. Name and Address of Current Registered Agent

DOUGLAS, JOHN W
1696 PINE PLACE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name JOHN W. DOUGLAS
82 Street Address (P.O. Box Number is Not Acceptable) 2418 DANA DRIVE
83
84 City SAFETY HARBOR FL 85 Zip Code 34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE J.W. Douglas JOHN W. DOUGLAS 2/8/95
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	T	1.1 TITLE	T	☒ Change ☐ Addition
NAME	DOUGLAS, JOHN	1.2 NAME	JOHN W. DOUGLAS	
STREET ADDRESS	1696 PINE PLACE	1.3 STREET ADDRESS	2418 DANA DRIVE	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	SAFETY HARBOR FLORIDA 34695	
TITLE	D	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SHITNER, JOHN	2.2 NAME	JOHN SMITHER	
STREET ADDRESS	313 FAIRWOOD CT	2.3 STREET ADDRESS	313 FAIRWOOD COURT	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	OLDSMAR FLORIDA 34677	
TITLE	P	3.1 TITLE		☒ Change ☐ Addition
NAME	WASSERMAN, BRAD	3.2 NAME	← DELETE WASSERMAN, BRAD	
STREET ADDRESS	36434 US 19 N	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LEE, COY	4.2 NAME		
STREET ADDRESS	918 STATE STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	P	☒ Change ☐ Addition
NAME	CLUTE, DALE	5.2 NAME	DALE CLUTE	
STREET ADDRESS	814 JACARANDA	5.3 STREET ADDRESS	814 JACARANDA	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	OLDSMAR, FLORIDA, 34677	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	CAMPOLI, JAMES	6.2 NAME		
STREET ADDRESS	313 EAST SHORE DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	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)(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: J.W. Douglas JOHN W. DOUGLAS 2/8/95 813-224-6369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0046060