

FILE NOW: FILING FEE IS \$

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT
Sandra B. Moru
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01273**

1. Corporation Name

LIONS CLUB OF OLDSMAR, INC

Principal Place of Business

**2418 DANA DRIVE
SAFETY HARBOR, FLA
34695**

Mailing Address

**PO BOX 1051
OLDSMAR, FLA
34677**

3. Date Incorporated or Qualified
2-7-84

3a. Date of Last Report
3-2-95

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-1612490

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DOUGLAS, JOHN W.
2418 DANA DRIVE
SAFETY HARBOR, FLA 34695**

10. Name and Address of New Registered Agent

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TREASURER ☐ DELETE

JOHN W. DOUGLAS

2418 DANA DRIVE

SAFETY HARBOR FL 34695

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT ☐ DELETE

JOHN SMITH

313 FAIRWOOD CT

OLDSMAR FL 34677

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR ☐ DELETE

COY LEE

918 STATE STREET

OLDSMAR FL 34677

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT ☐ DELETE

DALE CLUTE

814 JACARANDA

OLDSMAR FL 34677

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR ☐ DELETE

JAMES CAMPBELL

313 EAST SHORE DRIVE

OLDSMAR FL 34677

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(k), 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:

JOHN W. DOUGLAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. DOUGLAS

3/14/96 - 224-6369

Date Daytime Phone #

SG 3-19-96

CR2E037 (12/95)