FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N01273 **DOCUMENT** # 1. Corporation Name

(4)

LIONS CLUB OF OLDSMAR, INC.							
Principal Place	e of Business	Mailing Address			- I 1881/1881 BIT 8014 11818 11814 1884 1884	life ather armii blant bible i	TIMIL MINSE IMBE
2418 DANA DRIVE P.O. BOX 1051 SAFETY HARBOR FL 34695 OLDSMAR FL 34677-0018 US		В					
00					3. Date Incorporated or Qualified 02/07/1984	3a. Date of Last R 03/19/19	teport 96
2. Principal P	lace of Business	2a. Mailing Address	* d		4. FEI Number	Ar	pplied For
21		26		59-1612490		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		City & State		Fee Required States Desired Fee Required States Desired Fee Required States Desired Fee Required States Desired Fee Required			
23	•	28			Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	,	This corporation has liability for i		
24	25	29	30		Florida Statutes	Yes 🔲 No	
	9. Name and Address of Curro	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
DOUGLAS, JOHN W			82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)	
2418 DANA DRIVE			-				
SAFETY	HARBOR FL 34695		83				
			84	City		FL 85 Zip	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 617.1508, Florida Stati te of Florida. Such change was gations of, Section 617.0503, f	utes, the above s authorized by lorida Statutes	e-named corpo y the corporations.	pration submits this statement for the pon's board of directors. I hereby accept		ts registered registered
	Signature, typed or printed name of registered a		OTE: Registered Age	ent signatura requira		DATE	
12.	OFFICERS A	ND DIRECTORS DELETE	13.	·····	ADDITIONS/CHANGES TO OFFIC		
TITLE	POLICIAE IOUN	☐ DETEIE	1.1 TITLE			Change	Addition Addition
NAME	DOUGLAS, JOHN 2418 DANA DRIVE		1.2 NAME				
STREET ADDRESS	SAFETY HARBOR FL		1.3 STREET				
CITY-ST-ZIP TITLE	V DELETE		1.4 CITY - S 2.1 TITLE	SI+ZIP		☐ Change	☐ Addition
NAME	SMITHER, JOHN		2.2 NAME				
STREET ADDRESS	313 FAIRWOOD CT		2.3 STREET	ADDRESS	,		
CITY-ST-ZIP	OLDSMAR FL		2. 4 CITY-5				
TITLE	0	☐ DELETE	3.1 TITLE	<u> </u>	and the second s	Change	Addition
NAME	LEE, COY		3.2 NAME	1			
STREET ADDRESS	918 STATE STREET		3.3 STREET	ADDRESS	•		
CITY-ST-ZIP	OLDSMAR FL		3.4. CITY-5	ST-ZIP			
TITLE	P	☐ DELETE	4.1 TITLE			Change	Addition
NAME	Clute, dale		4. 2 NAME				
STREET ADDRESS	814 JACARANDA		4.3 STREET	ADDRESS	•	**	
CFTY-ST-ZIP	OLDSMAR FL		4.4 CITY-S	ST-ZIP	<u> </u>		
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	CAMPOLI, JAMES		5.2 NAME		•		
STREET ADDRESS	313 EAST SHORE DRIVE		5.3 STREET	ADDRESS			
CITY-ST-ZIP	OLDSMAR FL		5.4 CITY - S	ST-ZIP			T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

SIGNATURE:

LIBOLU W. Douglas 1/20/97

.6.4 City-St-ZiP 14. I do 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.

FILED

Jan 31 1997 8:00am

Secretary of State