


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01273** (4)  
1. Corporation Name  
**LIONS CLUB OF OLDSMAR, INC.**



Principal Place of Business <b>2418 DANA DRIVE SAFETY HARBOR FL 34695 US</b>	Mailing Address <b>P.O. BOX 1051 OLDSMAR FL 34677</b>
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3. Date Incorporated or Qualified <b>02/07/1984</b>
4. FEI Number <b>59-1612490</b>
Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLAS, JOHN W  
2418 DANA DRIVE  
SAFETY HARBOR FL 34695**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOUGLAS, JOHN</b>	
STREET ADDRESS	<b>2418 DANA DRIVE</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITHER, JOHN</b>	
STREET ADDRESS	<b>313 FAIRWOOD CT</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEE, COY</b>	
STREET ADDRESS	<b>918 STATE STREET</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLUTE, DALE</b>	
STREET ADDRESS	<b>814 JACARANDA</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMPOLI, JAMES</b>	
STREET ADDRESS	<b>313 EAST SHORE DRIVE</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dorothy Porcelli</b>	
1.3 STREET ADDRESS	<b>3113 SR 580 #415</b>	
1.4 CITY-ST-ZIP	<b>Safety Harbor, FL. 34695</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PAUL JUDY</b>	
2.3 STREET ADDRESS	<b>920 WAVERLY ST</b>	
2.4 CITY-ST-ZIP	<b>OLDSMAR FL. 34677</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROWENA FARMER</b>	
3.3 STREET ADDRESS	<b>264 PELICAN DR. NORTH</b>	
3.4 CITY-ST-ZIP	<b>OLDSMAR, FL. 34677</b>	
4.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Joseph Porcelli</b>	
4.3 STREET ADDRESS	<b>3113 SR 580 #415</b>	
4.4 CITY-ST-ZIP	<b>SAFETY HARBOR, FL. 34695</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, JOHN W. DOUGLAS 3/9/98 813-796-6880**

CP2E037 (10/97)