FILE NOW: FILING FEE IS $61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State
02-19-1999 90145 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01417**

1. Corporation Name
ENGLEWOOD LIONS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4611 PLACIDA RD. P.O. BOX 5251 ENGLEWOOD FL 34224 US	P O BOX 5251 ENGLEWOOD FL 34224 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 PO BOX 5251	02/13/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0526380 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Englewood, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 34224 5251 / 30 Charlotte	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, GARY D. 9371 HEARTWELLVILLE AVE ENGLEWOOD FL 34224	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: _____ 2/6/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHN FINLEY 1475 KEYWAY RD ENGLEWOOD FL 34223 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAWRENCE GOOD 7308 WINCHESTER ENGLEWOOD FL 34224 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	LARRY W. BEERS 8080 CASA DE MEADOWS DR. ENGLEWOOD, FL 34224 9509 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, GARY D. 9371 HEARTWELLVILLE AVE. ENGLEWOOD FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE R DAVIES 1685 EDISON DR ENGLEWOOD FL 34224 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD COLCLOUGH 111 JOSE GASPAR DR ENGLEWOOD FL 34223 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	ELAINE KWAPIS 1575 LORALIN DR. ENGLEWOOD, FL 34223 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEERS, LARRY 8080 CASA DE MEADOWS ENGLEWOOD FL ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	ALBERT WILDE 6601 GASPARILLA PINES BLVD. ENGLEWOOD, FL 34224 ☒ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Larry W. Beers — Larry W. Beers — Secretary — 1/23/99 — 1 941 698 0642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #