

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90061 034 \*\*\*\*61.25

<b>DOCUMENT # N03068</b> 1. Entity Name <b>FRUITLAND PARK LIONS CLUB, INC.</b>					
Principal Place of Business <b>200 FOUNTAIN STREET P.O. BOX 253 FRUITLAND PARK FL 34731</b>			Mailing Address <b>200 FOUNTAIN STREET P.O. BOX 253 FRUITLAND PARK FL 34731</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6148271</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCCARTHY, JEAN M 13795 CR 109D LADY LAKE FL 32159</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
<div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <i>Jean M. McCarthy</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <b>JEAN M. MCCARTHY</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>4-1-04</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCARTHY, JEAN M</b>		NAME		
STREET ADDRESS	<b>13795 CR 109D</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KELLY, SHARON</b>		NAME		
STREET ADDRESS	<b>1312 BLUE MOON LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LAWLER, MICK</b>		NAME	<b>Larry Casson</b>	
STREET ADDRESS	<b>16720 SE 102ND COURT</b>		STREET ADDRESS	<b>1021 Cottonwood St.</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>		CITY-ST-ZIP	<b>Leesburg, FL 34748</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DOYLE, W C JR</b>		NAME	<b>Vice President</b>	
STREET ADDRESS	<b>3195 HIGHWAY 441</b>		STREET ADDRESS	<b>Pat Casson</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>		CITY-ST-ZIP	<b>1021 Cottonwood St., Leesburg, FL 34748</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jean M. McCarthy</i> <b>JEAN M. MCCARTHY</b> <b>4/1/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div></div> <div><b>352-750-0252</b></div> </div> <small>Date Daytime Phone #</small>					