

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:13

DOCUMENT # N03361 (5)

1. Corporation Name

TOWN AND COUNTRY LIONS CLUB, INC.

Principal Place of Business

Mailing Address

% DUANE E. GROSE
354 GREGORY ROAD
WEST PALM BEACH FL 33405-4910

% DUANE E. GROSE
354 GREGORY ROAD
WEST PALM BEACH FL 33405-4910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1984

3a. Date of Last Report

01/31/1994

4. FEI Number

59-6169864

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

GROSE, DUANE E
354 GREGORY ROAD
WEST PALM BEACH FL 33405-4910

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 607.0502 and 607.1508, 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 607.0505, 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 PD
NAME ADAMKO, ED
STREET ADDRESS 47 ANDROS ROAD
CITY-ST-ZIP PALM SPRINGS FL 33461

1.1 TITLE ☐ Change ☐ Addition

TITLE S
NAME ENGEL, FRED
STREET ADDRESS 3588 N. LIBBY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33406

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE T
NAME GROSE, DUANE
STREET ADDRESS 354 GREGORY ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE VP
NAME TIDWELL, WILLIAM
STREET ADDRESS 4651 BENSEL ST., APT. 5
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D
NAME BASIL, EMIL
STREET ADDRESS 3074 MEADOW RD.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D
NAME SAGER, BILL
STREET ADDRESS 4898 PAULIE COURT
CITY-ST-ZIP WEST PALM BEACH FL 33415

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 110.07(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:

Duane E. Grose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DUANE E. GROSE

February 9, 1995 (407) 555-2829
DATE TELEPHONE NUMBER