


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

05/31/1984

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE P
NAME WYGANT, WILLIAM
STREET ADDRESS 1317 N FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

MARCH 27 1998 561-585 2000

CR2E037 (10/97)