

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N50795 (6)**

1. Corporation Name
OKEECHOBEE LIONS CLUB, INC.

MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P O BOX 89 OKEECHOBEE FL 34972 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1992	3a. Date of Last Report 06/22/1994
4. FEI Number 65-0366516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**COOK, JOHN R.
202 NW 5TH AVE
OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent
81 Name **MICHAEL T. McCANN**
82 Street Address (P.O. Box Number is Not Acceptable)
2253 SW. 3RD COURT
83
84 City **OKEECHOBEE** FL 85 Zip Code **34974**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 **Michael T. McCann** **Michael T. Sullivan** 4/27/95
Signature, typed or printed name of registered agent and (if) # add/cash (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	NAME PELTIER, ROBERT STREET ADDRESS 3329 SE 23 ST CITY - ST - ZIP OKEECHOBEE FL
TITLE VD	NAME ARNOLD, MONROE STREET ADDRESS 14625 NW 34 TER CITY - ST - ZIP OKEECHOBEE FL
TITLE VD	NAME NICHOLS, RALPH STREET ADDRESS 1514 SE 18 TR CITY - ST - ZIP OKEECHOBEE FL
TITLE D	NAME ASHLEY, DAVID STREET ADDRESS 3102 SE 32 CT CITY - ST - ZIP OKEECHOBEE FL
TITLE	NAME STREET ADDRESS CITY - ST - ZIP
TITLE	NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE PRES - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME GARY MILES	
13 STREET ADDRESS 274 SE 150 AVE	
14 CITY - ST - ZIP OKEECHOBEE FL 34974	
21 TITLE HARRY HORRICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME TRANS - D	
23 STREET ADDRESS 2201 SW. 28TH ST # 72	
24 CITY - ST - ZIP OKEECHOBEE FL 34974	
31 TITLE Rice Pres - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME RANDY WHIPPLE	
33 STREET ADDRESS 500 NW 28th LANE	
34 CITY - ST - ZIP Okeechobee FL 34974	
41 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME MARIC GRIND STAFF	
43 STREET ADDRESS 420 EAST N. PARK ST	
44 CITY - ST - ZIP OKEECHOBEE, FL 34974	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 119.07(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: **Michael T. Sullivan** 4/27/95 813-357-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)