2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 25, 2008 8:00 am Secretary of State

OCALA CN TOP OF THE WORLD LIONS CLUB Phroipal Reas of Business 350 SW 980 LNNE PD 80X 773072 UNIT D OCALA FL 34487 OCALA FL 34488 Suite Apit # etc. OCALA FL 34488 OCALA FL 34478 OCALA		AMMONI	. REPORT	•	50	cietary	oi St	acc	
CHARTIES FOUNDATION, INC. Principal Place of Business Mailing Address P D BXX 773072 OCAIA, FL 34481			5525		04-	-25-2008 90139 (008 ****6	1.25	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country See Required To Name and Address of New Registered Agent City & FL City FL C	OUALA, FL S	34401			1 INTERNAL BILL BRIJE BIL				
Cay & Slate City & Slate City & Slate City & Slate City & Slate Country Country Country Country Country S. Country S. Conflication Of Slates Desired Respective R	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
ZP Country Zp Country Zp Country S. Certificities of Status Desired Control Season Status Desired Country S. Certificities of New Registered Agent S. Certificities Country S. Certificities	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008 Chg	-NP CR2E0	37 (12/06)		
S. Carrificatio of Status Desired \$8.75 Actional Series Seri	City & State		City & State	City & State			<u> </u>		
SPAHN, RICHARD A 12 STREET ROAD DUNNELLON, FL 34432 8. The above named entry 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. SIGNATURE City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of State	us Desired	\$8.75 Add	ditional	
SPAHN, RICHARD X: IZYOO SW 112 STREET ROAD DUNNELLON, FL 34432 City FL Zip Code C		6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered			
SIGNATURE City FL Zip Code	SPAHN R	RICHARD A		Name			-	-	
B. The above named entity blumis 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. SIGNATURE SIGNATURE FILING Fee is \$61.25 Du by May 1, 2008 FILING Fee is \$61.25 Du by May 1, 2008 FILING Fee is \$61.25 Du by May 1, 2008 Trust Fund Contribution. Added to Fees Added to Fees Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE HETZEL, KEN JR HETZEL, KEN JR HETZEL, KEN JR GITH ST.20 COCALA, FL 34481 CITH ST.20 COCALA, FL 34481 CITH ST.20 CHARD, RONALD SIRET ADDRESS GITH ST.20 COCALA, FL 34476 CITH ST.20 CITH ST.20 COCALA, FL 34476 CITH ST.20 CITH S	12700 SW 112 STREET ROAD			Street Address		(P.O. Box Number is Not Acceptable)			
B. 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. SIGNATURE Signature									
SIGNATURE Signature, hoods of originating agent and tole 4 applicable. (MOTE Requisited Agent signature required when remaking) DATE				City		FL	Zip Cod	ė	
Signature, hoded or printed regimened against agric at against agric series (ADTE: Registered Against segretary required whom registerize required addition registerize required whom registerize required registerize required and registerize required registerize registerize required registerize required registerize require	8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or both, in the	e State of Florida, I am	familiar with,	and accept	
Signature, hoded or printed regime of registered agent agent and other 4 acquisations (MOTE: Registered Agent segestare required when nonrelature)) DATE	. <u></u>								
Due by May 1, 2008	SIGNATURE								
Due by May 1, 2008	0.0	Signature, typed or printed name of registered agent	and title d applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE			
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NAME SIREE ADDRESS CITY-S1-ZIP OCALA, FL 34481 TITLE NAME MELNICK, ROBERT SIREE ADDRESS CITY-S1-ZIP OCALA, FL 34481 TITLE NAME SIREE ADDRESS CITY-S1-ZIP OCALA, FL 34481 TITLE NAME CHARD, RONALD SIREE ADDRESS CITY-S1-ZIP TITLE OCALA, FL 34476 CITY-S1-ZIP OCALA, FL 34476 CITY-S1-ZIP OCALA, FL 34476 CITY-S1-ZIP OCALA, FL 34476 CITY-S1-ZIP OCALA, FL 34476 CHARD, RONALD OCALA, FL 34476 CHARD, RONALD OCALA, FL 34476 CHARD, RONALD OCALA, FL 34476 CITY-S1-ZIP OCALA, FL 34476 CHARD, RONALD OCALA, FL 34476 OCALA, FL 34481 OCALA, FL 34476 O		Filing Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 May Be	Make chec			
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of the corporation or the receiver or postee empowered to execute and that my signature snail neve the same legal effect as it made under oam; that i am an officer or director of the corporation or the receiver or postee 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.

357 - 489 - 656