

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06394

(3)

1. Corporation Name

LIONS ACTIVITIES, INC.



Principal Place of Business

**1927 VICTORIA AVE.
P O BOX 37
FT. MYERS FL 33902**

Mailing Address

**1927 VICTORIA AVE.
P O BOX 37
FT. MYERS FL 33902**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/29/1984

3a. Date of Last Report
03/15/1995

4. FEI Number
65-0007215

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**

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

10. Name and Address of New Registered Agent

81 Name

HELDRETH, THOMAS E.

82 Street Address (P.O. Box Number is Not Acceptable)

1927 VICTORIA AVE

83

FORT MYERS

84 City

FL

85

Zip Code

33901

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

Thomas E. Heldreth, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 26 1996

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOLLES, LEE	
STREET ADDRESS	1927 VICTORIA AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TEGLIA, RAY	
STREET ADDRESS	1927 VICTORIA AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENNOCK, WAYNE	
STREET ADDRESS	1927 VICTORIA AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES	
STREET ADDRESS	1927 VICTORIA AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, HARRY	
STREET ADDRESS	1927 VICTORIA AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VOLZ, EDWARD J	
STREET ADDRESS	1927 VICTORIA AVENUE	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	V. PRES./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	REZNER, GERALD	
13 STREET ADDRESS	1927 VICTORIA AVE.	
14 CITY-ST-ZIP	FT. MYERS, FL.	
21 TITLE	PRES./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	V. PRES./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	KOENIG, GERALD	
33 STREET ADDRESS	1927 VICTORIA AVE.	
34 CITY-ST-ZIP	FT. MYERS, FL.	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	SECY./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	RINK, MAX	
53 STREET ADDRESS	1927 VICTORIA AVE	
54 CITY-ST-ZIP	FT. MYERS, FL.	
61 TITLE	TREAS./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	HELDRETH, THOMAS E.	
63 STREET ADDRESS	1927 VICTORIA AVE	
64 CITY-ST-ZIP	FT. MYERS FL.	

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: *Thomas E. Heldreth, TREAS./DIR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 (941) 275-4391

Date Daytime Phone #

CR2E037 (12/95)