CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11125 (4)

1. Corporation Name

VENICE LIONS CLUB FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WILLIAM R. KORP, ESQ. 333 S. TAMIAMI TRAIL VENICE FL 34285-2424	C/O WILLIAM R. KORP, ESQ. 333 S. TAMIAMI TRAIL VENICE FL 34285-2424

3. Date Incorporated or Qualified: 09/17/1985
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2583544 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 863	26 P.O. Box 863
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Venice, FL	28 Venice, FL
24 Zip 34284 25 Country USA	29 Zip 34284 30 Country USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KORP, WILLIAM R., ESQ. 333 S. TAMIAMI TRAIL VENICE FL 34285	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	~~HESS, ROY E~~	1.2 NAME	President
STREET ADDRESS	~~692 SHETLAND CIRCLE~~	1.3 STREET ADDRESS	P. Dee G. Stephenson, M.D.
CITY-ST-ZIP	~~NOLOMIS FL~~	1.4 CITY-ST-ZIP	616 Valencia Rd. Venice, FL 34285
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	KRUGER, BEVERLY A.	2.2 NAME	
STREET ADDRESS	1302 MANGO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	KRUGER, WILLIAM E., JR.	3.2 NAME	
STREET ADDRESS	1302 MANGO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	~~STEWART, ERIC~~	4.2 NAME	Director
STREET ADDRESS	~~913 GROVELAND AVE~~	4.3 STREET ADDRESS	Starner, Shirley
CITY-ST-ZIP	~~VENICE FL~~	4.4 CITY-ST-ZIP	1000 Beckley Circle Venice, FL 34292
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	~~YOUNGMAN, DONALD M~~	5.2 NAME	Director
STREET ADDRESS	~~2301 BLACKWOOD DR~~	5.3 STREET ADDRESS	Youngman, Loretta E.
CITY-ST-ZIP	~~VENICE FL~~	5.4 CITY-ST-ZIP	2301 Blackwood Dr. Venice, FL 34293
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STEENSEN, CAROL M	6.2 NAME	
STREET ADDRESS	514 CATALINE ISLES IRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	6.4 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)(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: Beverly A. Kruger Beverly A. Kruger, Secretary 3/17/95 484-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0019047