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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N11125** **(4)**

1. Corporation Name
VENICE LIONS CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
PO BOX 863 VENICE FL 34284 US	PO BOX 863 VENICE FL 34284-0863 US

3. Date Incorporated or Qualified: **09/17/1985**
3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2583544** ☐ 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

9. Name and Address of Current Registered Agent

KORP, WILLIAM R., ESQ.
333 S. TAMIAMI TRAIL
VENICE FL 34285

10. Name and Address of New Registered Agent

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 _____ 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	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KIRKEENG, ALF E.		1.2 NAME	Starner, Clair W.	
STREET ADDRESS	1260 COVEY COURT		1.3 STREET ADDRESS	1000 Beckley Circle	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	S	☐ DELETE	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	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	KRUGER, WILLIAM E., JR.		3.2 NAME	Kirkeeng, Alf E.	
STREET ADDRESS	1302 MANGO AVE.		3.3 STREET ADDRESS	1260 Covey Court	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STARNER, SHIRLEY		4.2 NAME	Mowery, Charles E.	
STREET ADDRESS	1000 BECKLEY CIR		4.3 STREET ADDRESS	16 Stone Mountain Blvd.	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HAGARTY, GEORGE J.		5.2 NAME	P.Dee G. Stephenson, M.D.	
STREET ADDRESS	608 CABANA ROAD		5.3 STREET ADDRESS	616 Valencia Rd.	
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTORANA, THOMAS J.		6.2 NAME		
STREET ADDRESS	102 CAPRI ISLES BLVD. APT 102		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Clair W. Starner 1/16/97 (941)484-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064327