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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11125**

1. Corporation Name
VENICE LIONS CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
1289 JACARANDA BLVD VENICE FL 32492-4522 US	1289 JACARANDA BLVD VENICE FL 32492-4522 US

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

3. Date Incorporated or Qualifed
09/17/1985

4. FEI Number
59-2583544
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	ASHWORTH, JOHNNY		1.2 NAME	Barbara McGillicuddy	
STREET ADDRESS	960 JAMICA RD		1.3 STREET ADDRESS	323 Trinity Road	
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-ST-ZIP	Venice, FL 34293	
TITLE	SD	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	BOHAN, JOHN		2.2 NAME	Carol Steensen	
STREET ADDRESS	72 WINSDOR DR		2.3 STREET ADDRESS	514 Catalina Isles Circle	
CITY-ST-ZIP	ENGLEWOOD FL 34223		2.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STEPHENSON, P. DEE MD		3.2 NAME	D. Allen Cooper	
STREET ADDRESS	616 VALENCCIA RD		3.3 STREET ADDRESS	306 Degas Drive	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIRKEENG, ALF E.		4.2 NAME		
STREET ADDRESS	1260 COVEY COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MOWERY, CHARLES E.		5.2 NAME	Charles Leon	
STREET ADDRESS	16 STONE MOUNTAIN BLVD		5.3 STREET ADDRESS	3202 Meadow Run Drive	
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP	Venice, FL 34293	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, EDWARD		6.2 NAME		
STREET ADDRESS	760 BIRD BAY DR,W		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Alf E. Kirkeeng **REQUIRED** Alf E. Kirkeeng February 16, 1999 941-497-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #