FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16333 (9)

1. Corporation Name

LIONS CLUB OF PLANTATION-SUNRISE, FLORIDA, INC.

Principal Place of Business	Mailing Address
% RONALD E. SHNIDER 7770 WEST OAKLAND PARK BLVD..STE 100 SUNRISE FL 33351-3793	% RONALD E. SHNIDER 7770 WEST OAKLAND PARK BLVD..STE 100 SUNRISE FL 33351-3793

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1986
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2711940 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PHAFF, CARL
7801 SUNSET STRIP
SUNRISE FL 33322

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHNIDER, RONALD E.	1.2 NAME	
STREET ADDRESS	7770 W. OAKLAND PARK BLVD., STE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	S D ☒ Change ☐ Addition
NAME	~~UHL, KENNETH~~	2.2 NAME	CARL PHAFF
STREET ADDRESS	~~9601 NW 16TH CT.~~	2.3 STREET ADDRESS	7801 SUNSET STRIP
CITY-ST-ZIP	~~PLANTATION FL~~	2.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	PD	3.1 TITLE	P.D. ☐ Change ☐ Addition
NAME	~~SOROKIN, STEWART~~	3.2 NAME	DEBOR GINCHEREAU
STREET ADDRESS	~~11155 NW 25TH CT~~	3.3 STREET ADDRESS	8130 NW 17TH MANOR
CITY-ST-ZIP	~~SUNRISE FL~~	3.4 CITY-ST-ZIP	PLANTATION, FL. 33322
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ 4/20/95 305-792-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010507