

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:16

DOCUMENT # N20296 (2)

1. Corporation Name

ARLINGTON LIONS CLUB, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1987	3a. Date of Last Report 02/02/1994
4. FEI Number 59-0908738	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. 189.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
6523 COMMERCE ST JACKSONVILLE FL 32211		6523 COMMERCE ST JACKSONVILLE FL 32211	
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		10. Name and Address of New Registered Agent									
CARR, JOHN J. 6523 COMMERCE ST JACKSONVILLE FL 32211		<table border="1"> <tr> <td>81 Name</td> <td>ALTON J. WARE</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>6523 COMMERCE ST.</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>JACKSONVILLE FL 32211</td> </tr> </table>		81 Name	ALTON J. WARE	82 Street Address (P.O. Box Number is Not Acceptable)	6523 COMMERCE ST.	83		84 City	JACKSONVILLE FL 32211
81 Name	ALTON J. WARE										
82 Street Address (P.O. Box Number is Not Acceptable)	6523 COMMERCE ST.										
83											
84 City	JACKSONVILLE FL 32211										

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 607.0508, Florida Statutes.

SIGNATURE

Alton J. Ware, Sec.

(NOTE: Registered Agent signature required when reinstating)

1/19/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CARR, JOHN J.	1.2 NAME	ALTON J. WARE
STREET ADDRESS	6523 COMMERCE ST.	1.3 STREET ADDRESS	6523 COMMERCE ST.
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL. 32211
TITLE	VD	2.1 TITLE	VD
NAME	WARE, A.J.	2.2 NAME	FOWLER, F.E.
STREET ADDRESS	6523 COMMERCE ST.	2.3 STREET ADDRESS	6523 COMMERCE ST.
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE, FL. 32211
TITLE	SD	3.1 TITLE	SD
NAME	SCHUSTER, GARY	3.2 NAME	SNELL, WILLIAM B.
STREET ADDRESS	6523 COMMERCE ST.	3.3 STREET ADDRESS	6523 COMMERCE ST.
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	JACKSONVILLE, FL. 32211
TITLE	TD	4.1 TITLE	
NAME	LANDRY, J. CHARLES	4.2 NAME	
STREET ADDRESS	6523 COMMERCE ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	THRIFT, DAVID A. SR.	5.2 NAME	
STREET ADDRESS	6523 COMMERCE ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	HUDSON, OTIS	6.2 NAME	
STREET ADDRESS	6523 COMMERCE ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alton J. Ware, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #