SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 15 1998 8:00am
Secretary of State

DOCUMENT # N20296 (2)

1. Corporation Name
ARLINGTON LIONS CLUB, INC.

Principal Place of Business	Mailing Address
6523 COMMERCE ST JACKSONVILLE FL 32211	6523 COMMERCE ST JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: 04/23/1987
4. FEI Number: 59-0908738 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THRIFT, DAVID 6544 N. BRANDMERE JACKSONVILLE FL 32211	81 Name: DOVER, THOMAS 82 Street Address (P.O. Box Number is Not Acceptable): 6523 COMMERCE ST. 83 84 City: JACKSONVILLE FL 85 Zip Code: 32211

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: Thomas Dover — JULY 9, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	FOWLER, F.E.		1.2 NAME	LAMB, PETER	
STREET ADDRESS	208 METZ STREET		1.3 STREET ADDRESS	6523 COMMERCE ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32211		1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32211	
TITLE	VP	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DOVER, TOMMY		2.2 NAME	THRIFT, DAVID SR.	
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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COY, DARWIN		3.2 NAME		
STREET ADDRESS	6523 COMMERCE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCGIVNEY, THOMAS		4.2 NAME	CARR, JOHN	
STREET ADDRESS	6523 COMMERCE ST.		4.3 STREET ADDRESS	6523 COMMERCE ST.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32211	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUBEL, JAMES		5.2 NAME		
STREET ADDRESS	2039 RALEY CREEK DRIVE S		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: JOHN CARR — JULY 9, 1998 — 904/353-3694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #