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Jan 23, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N20296

1. Corporation Name

ARLINGTON LIONS CLUB, INC.

Principal Place of Business

6523 COMMERCE ST  
JACKSONVILLE FL 32211

Mailing Address

6523 COMMERCE ST  
JACKSONVILLE FL 32211



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/23/1987

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

9. Name and Address of Current Registered Agent

DOVER, THOMAS  
6523 COMMERCE STREET  
JACKSONVILLE FL 32211

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

*Tommy Dover*  
Signature, typed or printed name of registered agent and title if applicable.

TOMMY DOVER

(NOTE: Registered Agent signature required when reinstating)

1-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LAMB, PETER  
STREET ADDRESS 6523 COMMERCE ST  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ DELETE  
NAME THRIFT, DAVID SR  
STREET ADDRESS 6523 COMMERCE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE SD ☐ DELETE  
NAME COY, DARWIN  
STREET ADDRESS 6523 COMMERCE ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE  
NAME CARR, JOHN  
STREET ADDRESS 6523 COMMERCE ST.  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ DELETE  
NAME RUBEL, JAMES  
STREET ADDRESS 2033 RALEY CREEK DRIVE S  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*John Carr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

904-744-9844

Date

Daytime Phone #

CR2E037 (1/98)