FILE NOW: FILING FEE IS $61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90048 035 ****61.25

0011049

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N21176**

1. Corporation Name
GAINESVILLE LIONS CLUB, INC.

Principal Place of Business	Mailing Address
2071 N.W. 21 LANE GAINESVILLE FL 32605 US	PO BOX 577 GAINESVILLE FL 32602

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/01/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6153304 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANASCO, RAYMOND O JR. 2071 NW 21ST LN GAINESVILLE FL 32605	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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRUM, ROY L		1.2 NAME		
STREET ADDRESS	1506 NW 14TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLTON, ROBERT		2.2 NAME		
STREET ADDRESS	204 SPORTSMAN HARBOR DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	WELDKA FL 32193		2. 4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	DICKEY, MIKE		3.2 NAME	LINDA S. DIPRAN CO	
STREET ADDRESS	3202 SE COUNTY ROAD 215		3.3 STREET ADDRESS	1924 NW 6th ST	
CITY-ST-ZIP	MELROSE FL 32666		3.4. CITY-ST-ZIP	GAINESVILLE, FL. 32609	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MANASCO, RAYMOND O		4. 2 NAME		
STREET ADDRESS	2071 NW 21ST LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALTER, CARL C		5.2 NAME		
STREET ADDRESS	10947 NW 33RD PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			6.2 NAME	RICHARD M LONG	
STREET ADDRESS			6.3 STREET ADDRESS	5526 NW 27th St	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	GAINESVILLE FL. 32653	

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: Carl C. Walter **SIGNATURE REQUIRED** 1/19/99 (352) 331-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #