

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PH 1:22

DOCUMENT # N22991 (6)

1. Corporation Name

LIONS CLUB OF TARPON SPRINGS, FLORIDA, INC.

Principal Place of Business

Mailing Address

*THOMAS B. REED, JR.
3115 CORONA DRIVE
HOLIDAY FL 34690-2213

*THOMAS B. REED, JR.
3115 CORONA DRIVE
HOLIDAY FL 34690-2213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1987 3a. Date of Last Report 07/20/1994

4. FEI Number 59-2878010 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, THOMAS B. JR.
3115 CORONA DR.
HOLIDAY FL 34690

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 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

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 PD
NAME NOBLIT, GRANVILLE E
STREET ADDRESS 1478 RIDGE TOP DR
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE VD
NAME NEIL, MARION M
STREET ADDRESS PO BOX 133 N/A
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE STD
NAME REED JR., THOMAS B
STREET ADDRESS 3115 CORONA DRIVE
CITY-ST-ZIP HOLIDAY FL

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

TITLE D
NAME AIDE, DAVID B
STREET ADDRESS 1208 E COURT AVE
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE D
NAME MEGALOUDES, DEMOS A
STREET ADDRESS 621 BAYNARD CT.
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE D
NAME KOENITZER, LAWRENCE G
STREET ADDRESS 4934 CATHEDRAL CT.
CITY-ST-ZIP NEW PORT RICHEY FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(b), 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:

Thomas B. Reed, Jr. Thomas B. Reed, Jr.

1/27/94 (S/S) 954-8770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(S/S) (S/S) (S/S)