

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified

10/13/1987

3a. Date of Last Report

02/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 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

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	<input type="checkbox"/> DELETE
NAME	NOBLIT, GRANVILLE E	
STREET ADDRESS	1478 RIDGE TOP DR	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEIL, MARION M	
STREET ADDRESS	PO BOX 133 N/A	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	REED JR., THOMAS B	
STREET ADDRESS	3115 CORONA DRIVE	
CITY - ST - ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AIDE, DAVID B	
STREET ADDRESS	1208 E COURT AVE	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEGALOUDIS, DEMOS A	
STREET ADDRESS	621 BAYNARD CT.	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOENITZER, LAWRENCE G	
STREET ADDRESS	4934 CATHEDRAL CT.	
CITY - ST - ZIP	NEW PORT RICHEY FL	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NOBLIT, GRANVILLE E.	
13 STREET ADDRESS	3369 Laurelwood Court	
14 CITY - ST - ZIP	Tarpon Springs, FL. 34689	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NEIL, MARION M.	
23 STREET ADDRESS	7515 December Drive	
24 CITY - ST - ZIP	Port Richey, Florida 34668	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	AIDE, DAVID B.	
43 STREET ADDRESS	4875 U.S. Alternate 19	
44 CITY - ST - ZIP	Tarpon Springs, Florida 34689	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 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.
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96

Date

813-934-8770

Daytime Phone #

CR2E037 (3/96)