FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N23318

. Corporation Name

(1)

ARLINGTON LIONS CLUB HOLDING CORPORATION

FILED Feb 24 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address					t takilibi ala liant rikko tilan sider didit didit didit didit didit didit didit didit didit))
ARLINGTON LIONS CLUB HOLDING CORP. 6523 COMMERCE STREET JACKSONVILLE FL 32211		ARLINGTON LIONS CLUB HOLDING CORP. 6523 COMMERCE STREET JACKSONVILLE FL 32211			3. Date incorporated or Qualified 11/04/1987 4. FEI Number Applied For	
US		U\$			59-1850939 Not Applied For	_
2. Principal Place of Business		2a. Mailing Address			- £0.75 Authors	-
21		26			6. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27 City & State			Trust Fund Contribution	\dashv
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip Country		28 Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible	\dashv
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren		1551		10. Name and Address of New Registered Agent	
				61 Name	" MAYO PRECTAN U	
	PRESTON A		ŀ	62 Street	et Address (P.O. Box Number is Not Acceptable)	\neg
	DMMERCE ST			6	573 COMMERCE ST	\dashv
JACKSO	NVILLE FL 32211]	63	Elim	1
			t	84 City	85 Zip Code	
					JACKCONVILLE FL 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 _				<u> </u>		_ 1
	Signature, typed or printed name of registured age			Agent signature	lure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
12.	PD OFFICERS AND	DELETE	13. 1.130	n F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition
NAME	MAYS, PRESTON H.	—	1.2 NAI			
STREET ADDRESS	6523 COMMERCE ST			reet address		ł
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-ZIP	~	
TITLE	VD	DELETE	2.1 TIT		☐ Change ☐ Addi	tion
NAME	HOWARD, PARKER		2.2 NAI	,ME		l
STREET ADDRESS	6523 COMMERCE ST		2.3 ST	reet address	ss	
CITY-ST-ZIP	JACKSONMVILLE FL 32211			TY-ST-ZIP		
TITLE	VD	DELETE	3.1 TIT		SECRETARY Change A Addi	ition
NAME	MOULTRIE, MARVIN P		3.2 NA		COSTELLO, SAM 6573 COMMERCE ST	
STREET ADDRESS	6523 COMMERCE ST			REET ADDRESS	5 6523 COMMERCE SI	
CITY - ST - ZIP	JACKSONVILLE FL 32211	DELETE		TY-ST-ZIP	JACKSON VILLE, FL. 32711	ision.
TITLE	TD	☐ DELETE	4.1 T(T)			Kion
NAME CYDECT ADDOCCO	LAKE, MILO G 6523 COMMERCE ST		4. 2 NA			
STREET ADDRESS	JACKSONVILLE FL 32211			REET ADDRESS	s	
CITY-ST-ZIP TITLE	D D	DELETE	4.4 CH 5.1 TIT	TY-ST-ZIP	Change Addi	ition
NAME	EWING, LARRY		5.2 NA		<u> </u>	
STREET ADDRESS	6523 COMMERCE ST			REET ADDRESS	22	
CITY-ST-ZIP	JACKSONVILLE FL 32211			TY-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT		☐ Change ☐ Addi	itlon
NAME			6.2 NA	IME !		
STREET ADDRESS			6.3 ST	REET ADDRESS	ss	
	1			!		

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 ill-pranged, or on an attachment with an address.

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