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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24284 1. Corporation Name LIONS CLUB OF SEMINOLE, INC.	(4)
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Principal Place of Business P.O. BOX 3721 SEMINOLE FL 34645 US	Mailing Address P.O. BOX 3721 SEMINOLE FL 34645 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 01/11/1988	3a. Date of Last Report 08/05/1994
4. FEI Number 59-2859725	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$0.75 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	

9. Name and Address of Current Registered Agent SMORE, ROBERT T., SR. 1201 SEMINOLE BLVD. #451 LARGO FL 34640	
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10. Name and Address of New Registered Agent 81 Name HARRY K SCHINDLER 82 Street Address (P.O. Box Number is Not Acceptable) 10438 KUMQUAT LN 83 SEMINOLE 84 City FL 85 Zip Code 34642	
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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 HARRY K SCHINDLER **HARRY K SCHINDLER** **4-12-95**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when correlating.) DATE)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FLINTA, EDWARD
STREET ADDRESS	9815 ASHLEY DR
CITY - ST - ZIP	SEMINOLE FL
TITLE	P
NAME	WIDENER, JEANNE
STREET ADDRESS	8433 78 AVE
CITY - ST - ZIP	SEMINOLE FL
TITLE	P
NAME	FORTSON, CHARLES
STREET ADDRESS	11681 OAK AVE N
CITY - ST - ZIP	SEMINOLE FL
TITLE	T
NAME	SCHINDLER, HARRY
STREET ADDRESS	10738 KUMQUAT LANE
CITY - ST - ZIP	SEMINOLE FL
TITLE	D
NAME	KALMUS, JACK
STREET ADDRESS	10355 PARADISE BLVD #814
CITY - ST - ZIP	TREASURE ISLAND FL
TITLE	S
NAME	SMORE, ROBERT F., SR.
STREET ADDRESS	1201 SEMINOLE BLVD #451
CITY - ST - ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P ☒ Change ☐ Addition
1.2 NAME	PAUL N ANDREWS
1.3 STREET ADDRESS	12196 P2 AVE N
1.4 CITY - ST - ZIP	SEMINOLE FL 34642
2.1 TITLE	V-D ☒ Change ☐ Addition
2.2 NAME	SHAWN GRIFIN
2.3 STREET ADDRESS	5472 106 ST
2.4 CITY - ST - ZIP	SEMINOLE FL 34642
3.1 TITLE	V-D ☒ Change ☐ Addition
3.2 NAME	JACK KALMUS
3.3 STREET ADDRESS	10355 PARADISE BLVD #814
3.4 CITY - ST - ZIP	TREASURE ISLAND FL 33706
4.1 TITLE	S-D ☒ Change ☐ Addition
4.2 NAME	BARBARA ANDREWS
4.3 STREET ADDRESS	12196 P2 AVE N
4.4 CITY - ST - ZIP	SEMINOLE FL 34642
5.1 TITLE	T-D ☒ Change ☐ Addition
5.2 NAME	HARRY K SCHINDLER
5.3 STREET ADDRESS	10438 KUMQUAT LN
5.4 CITY - ST - ZIP	SEMINOLE FL 34642
6.1 TITLE	D ☒ Change ☐ Addition
6.2 NAME	IUAN ESHLEMAN
6.3 STREET ADDRESS	14255 RUMMARY LN
6.4 CITY - ST - ZIP	LARGO FL 34644

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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HARRY K SCHINDLER **HARRY K SCHINDLER** **4-2-95** **51339/5889**
(Signature, typed or printed name of signing officer or director. Date. (Signature Printed))