


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N24284</b> (4) 1. Corporation Name <b>LIONS CLUB OF SEMINOLE, INC.</b>			
Principal Place of Business		Mailing Address	
P.O. BOX 3721 SEMINOLE FL 34645 US		P.O. BOX 3721 SEMINOLE FL 33775-3721 US	
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 33775	25 PINELLAS	29 33775	30 PINELLAS
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRY K SCHINDLER 10438 KUMQUAT LN SEMINOLE FL 34642		81 Name <b>SHARON GRIFFITH</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>5483 106 ST</b> 83 84 City <b>SEMINOLE</b> FL 85 Zip Code <b>33772</b>	
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 <b>SHARON L. GRIFFITH P</b> <i>Sharon L. Griffith</i> <b>4-10-97</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL N. ANDRESS	1.2 NAME	SHARON GRIFFITH
STREET ADDRESS	12196 82 AVE N.	1.3 STREET ADDRESS	5483 106 ST
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON GRIFFITH	2.2 NAME	WALD TRIBIANO
STREET ADDRESS	5483 106ST	2.3 STREET ADDRESS	9428 133 ST
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK KALMUS	3.2 NAME	PAUL PRESCOTT
STREET ADDRESS	11681 OAK AVE N	3.3 STREET ADDRESS	8743 93 AVE N
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	LARGO FL 33777
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA ANDRESS	4.2 NAME	
STREET ADDRESS	12196 82 AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY SCHINDLER	5.2 NAME	PAUL O'MALLEY
STREET ADDRESS	10438 KUMQUAT LN	5.3 STREET ADDRESS	4775 COVE CIRCLE N
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVAN ESHLEMAN	6.2 NAME	CHARLIE FORTSON
STREET ADDRESS	14255 ROSEMARY LN	6.3 STREET ADDRESS	11681 OAK AVE
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	SEMINOLE FL 33776
14. I do 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.			
SIGNATURE: <b>SHARON L. GRIFFITH</b> <i>Sharon L. Griffith</i> <b>4-10-97</b> <b>813-993-3991</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0051669			

CR2E037 (9/96)

4-17-97 B-4860 C  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000002549 (3)

1. Corporation Name

FLORIDA SOCIETY OF ANESTHESIA MANAGERS, INC.

Principal Place of Business

Mailing Address

~~1261 S. TAMiami TR  
SARASOTA FL 34239~~

1261 S. TAMiami TR  
SARASOTA FL 34239-2221



3. Date Incorporated or Qualified  
03/02/1993

3a. Date of Last Report  
03/14/1996

4. FEI Number  
65-0479263

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

2. Principal Place of Business

21 413 Bayshore Drive

Suite, Apt. #, etc.

22 City & State

23 Osprey FL

Zip

24 34229

Country

25 USA

2a. Mailing Address

26 413 Bayshore Drive

Suite, Apt. #, etc.

27 City & State

28 Osprey FL

Zip

29 34229

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

413 Bayshore Drive

83

84 City

Osprey

FL

85 Zip Code

34229

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]*

APRIL I. GREULICH, President

DATE

4/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD  
NAME SMOCK, KAREN P  
STREET ADDRESS 2472 CONGRESS ST  
CITY-ST-ZIP FT. MYERS FL

TITLE VD  
NAME MUIR, LEE  
STREET ADDRESS %700 2ND AVE N., #302  
CITY-ST-ZIP NAPLES FL 33940

TITLE D  
NAME SUTTON, CAROL  
STREET ADDRESS %3949 EVANS AVE., #102  
CITY-ST-ZIP FT. MYERS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 as an attachment with an address.

SIGNATURE:

*[Signature]* Karen P. Smock

Date

4/7/97

Daytime Phone # 339-482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063567

CR2E037 (9/96)