


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N24284 (4)
 1. Corporation Name
LIONS CLUB OF SEMINOLE, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| P.O. BOX 3721 SEMINOLE FL 33775 US | P.O. BOX 3721 SEMINOLE FL 33775 US |

| | |
|--------------------------------|------------------------|
| 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 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 01/11/1988 |
| 4. FEI Number | 59-2859725 |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

GRIFFITH, SHARON
5483 106 ST N (5472)
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

| | |
|---|------------------------|
| 81 Name | GRIFFITH, WAYNE I. SR. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 5472 106 ST. N. |
| 83 | |
| 84 City | SEMINOLE |
| 85 Zip Code | FL 33772 |

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 WAYNE I. GRIFFITH, SR. Wayne I. Griffith, Sr.
 Signature, typed or printed name of registered agent and title (Applicable)

PRESIDENT

1/28/98
 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | TRIBIANO, WAID | |
| STREET ADDRESS | 9428 133 ST | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GRIFFITH, SHARON | |
| STREET ADDRESS | 5483 106ST | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PRESCOTT, PAUL | |
| STREET ADDRESS | 8743 93 AVE N | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BARBARA ANDRESS | |
| STREET ADDRESS | 12196 82 AVE N | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | O'MALLEY, PAUL | |
| STREET ADDRESS | 4775 COVE CR N | |
| CITY-ST-ZIP | ST PETE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FORTSOM, CHARLIE | |
| STREET ADDRESS | 11681 OAK AVE | |
| CITY-ST-ZIP | SEMINOLE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 if changed, or on an attachment with an address.

SIGNATURE:

Paul D. Murrey Paul D. Murrey

2/1/98
 Date

813-399-1213
 Daytime Phone #

CR2E037 (10/97)