FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N24491** **(5)**

1. Corporation Name
SANFORD LIONS CLUB, INC.

Principal Place of Business	Mailing Address
%TAYLOR. CECIL. H 1414 BORG LANE WINTER SPRINGS FL 32708 US	P.O. BOX 2592 SANFORD FL 32771

3. Date Incorporated or Qualified: 01/25/1988
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-6170084 — 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

TAYLOR, CECIL H.
1414 BORG LANE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City — FL — 85 Zip Code

000001447516
-03/15/96- 01055 -023
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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	KRAZEISE, ANDREA		1.2 NAME	CECIL TAYLOR	
STREET ADDRESS	1308 FOREST DR.		1.3 STREET ADDRESS	1414 BORG LANE	
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	D	☑ DELETE	2.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	CHANG, GLORIA		2.2 NAME	MATTHEW ALTEMOSE	
STREET ADDRESS	106 RAMBLEWOOD DRIVE		2.3 STREET ADDRESS	PO BOX 632	
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP	SANFORD FL. 32772-0632	
TITLE	V	☑ DELETE	3.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	SPAULDING, AL		3.2 NAME	AL SPAULDING	
STREET ADDRESS	109 CROOKEN (PINE) DR.		3.3 STREET ADDRESS	109 CROOKED PINE DR.	
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP	SANFORD, FL. 32773	
TITLE	D	☑ DELETE	4.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	BROACH, GEORGE	DECEASED	4.2 NAME	ANDREA KRAZEISE	
STREET ADDRESS	2531 IROQUOIS AVE.		4.3 STREET ADDRESS	1308 FOREST DR.	
CITY-ST-ZIP	SANFORD FL 32773		4.4 CITY-ST-ZIP	SANFORD, FL. 32771	
TITLE	S	☑ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	TAYLOR, CECIL H.	CHANGE	5.2 NAME	DAVE HALL	
STREET ADDRESS	1414 BORG LANE		5.3 STREET ADDRESS	2705 S. SANFORD AVE.	
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-ST-ZIP	SANFORD, FL. 32771	
TITLE	D	☑ DELETE	6.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	CHANG, GLORIA		6.2 NAME	GLORIA CHANG	
STREET ADDRESS	106 RAMBLEWOOD DR.		6.3 STREET ADDRESS	106 RAMBLEWOOD DR.	
CITY-ST-ZIP	SANFORD FL 32773		6.4 CITY-ST-ZIP	SANFORD, FL. 32773	

CR2E037 (12/95)

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: Andrea Krazeise Andrea Krazeise 1/16/96 407 330-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #