FILE NOW: FILING FEE IS $61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90016 030 ****61.25

0014770

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24491**

1. Corporation Name
SANFORD LIONS CLUB, INC.

Principal Place of Business	Mailing Address
103 COUNTRY PLACE SANFORD FL 32771 US	P.O. BOX 2592 SANFORD FL 32771 US

2. Principal Place of Business 21 122 Winding Ridge Dr.	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/25/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6170084 ☐ Applied For ☐ Not Applicable
City & State 23 Sanford, FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32773 25 US	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, ROBERT J
103 COUNTRY PLACE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: LOPER, SAM
82 Street Address (P.O. Box Number is Not Acceptable): 122 Winding Ridge Dr.
83
84 City: Sanford **FL** 85 Zip Code: 32773

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: Sam Loper 1-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SMITH, ROBERT J		1.2 NAME	LOPER, SAM	
STREET ADDRESS	103 COUNTRY PLACE		1.3 STREET ADDRESS	122 Winding Ridge Dr.	
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP	Sanford, FL 32773	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPAULDING, ELAINE		2.2 NAME		
STREET ADDRESS	109 CROOKED PINE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32773		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, COLIN		3.2 NAME		
STREET ADDRESS	4841 SHORELINE CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	ALTEMOSE, TIFFANY		4.2 NAME	RUSSELL, ALVA	
STREET ADDRESS	407 DORCHESTER SQ.		4.3 STREET ADDRESS	4841 Shoreline Cir.	
CITY-ST-ZIP	LAKE MARY FL		4.4 CITY-ST-ZIP	Sanford, FL 32771	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RUSSELL, ALVA		5.2 NAME	CHANG, GLORIA	
STREET ADDRESS	4841 SHORELINE CIR		5.3 STREET ADDRESS	106 Ramblewood Dr.	
CITY-ST-ZIP	SANFORD FL 32771		5.4 CITY-ST-ZIP	Sanford, FL 32773	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HIGHSMITH, HAROLD		6.2 NAME		
STREET ADDRESS	405 MATTIE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32773		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Sam Loper SIGNATURE REQUIRED 1-12-99 (407) 321-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #