FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26205 (7)

1. Corporation Name

LONGWOOD-LAKE MARY LIONS CLUB, INC.

Principal Place of Business	Mailing Address
657 E WARREN AVE LONGWOOD FL 32750 US	657 E WARREN AVE LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2524101	☐ 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
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	

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

9. Name and Address of Current Registered Agent

WORKMAN, GYLE E.
657 E WARREN AVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 _____ 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	W	1.2 NAME	Senus, Robert	
STREET ADDRESS	709 MILAN CT	1.3 STREET ADDRESS	709 Milan Ct	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Altamonte Springs, Fl. 32714	
TITLE	VP	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCDONALD, LYLE	2.2 NAME	McDonald, Lyle	
STREET ADDRESS	971 SIVERTON LOOP	2.3 STREET ADDRESS	971 Siverton Loop	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	Lake Mary, Fl. 32746	
TITLE	PD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WORKMAN, GYLE E.	3.2 NAME	Workman, Gyle E.	
STREET ADDRESS	657 E WARREN AVE	3.3 STREET ADDRESS	657 E Warren Ave	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Longwood, Fl. 32750	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	KOZIOL, ROBERT W	4.2 NAME		
STREET ADDRESS	1410 ARBORHOUSE CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNA, JIM	5.2 NAME		
STREET ADDRESS	966 LOGENBERRY TR	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PARKS, NELLIE J	6.2 NAME	Parks, Nellie J	
STREET ADDRESS	1000 E 9TH ST	6.3 STREET ADDRESS	1000 E 9th St	
CITY-ST-ZIP	SANFORD FL	6.4 CITY-ST-ZIP	Sanford, Fl. 32771	

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)(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: Gyle E. Workman April 12, 1995 (407) 862-4000
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0081443