SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 11 AM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26400 (4)

1. Corporation Name

LABELLE LIONS CLUB, INC.

Principal Place of Business	Mailing Address
C/O John A. Yaun 848 West Ventura Ave. Clewiston, FL 33440	C/O John A. Yaun 848 West Ventura Ave. Clewiston, FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/11/88
3a. Date of Last Report: N/A
4. FEI Number: 59-6153314 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Jaycee-Lions Drive	26 P. O. Box 1338
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 LaBelle, FL	City & State: 28 LaBelle, FL
Zip: 24 33935 Country: 25 USA	Zip: 29 33935 Country: 30 USA

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 ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

John A. Yaun
848 West Ventura Avenue
Clewiston, FL 33440

10. Name and Address of New Registered Agent

81 Name: 000001536140 -07/12/95--01077--021 ****155.00 ****155.00
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

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	D	1.1 TITLE	P	XX Change ☐ Addition
NAME	Bussey, Lewis	1.2 NAME	Leicht, Jacob A.	
STREET ADDRESS	4006 Sena Lane	1.3 STREET ADDRESS	P. O. Box 66 N/A	
CITY-ST-ZIP	LaBelle, FL 33935	1.4 CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	D	2.1 TITLE	S	XX Change ☐ Addition
NAME	Decker, Jerry	2.2 NAME	Leicht, Mary E.	
STREET ADDRESS	1300 Pollywog Lane	2.3 STREET ADDRESS	P. O. Box 66 N/A	
CITY-ST-ZIP	LaBelle, FL 33935	2.4 CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	D	3.1 TITLE	T	XX Change ☐ Addition
NAME	Downing, Kenneth	3.2 NAME	Andrews, Norma Jean	
STREET ADDRESS	4504 Bragg Court	3.3 STREET ADDRESS	P. O. Box 245 N/A	
CITY-ST-ZIP	LaBelle, FL 33935	3.4 CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	D	4.1 TITLE	V	XX Change ☐ Addition
NAME	Brouillette, Bill	4.2 NAME	Johnson, David	
STREET ADDRESS	P. O. Box 2388 N/A	4.3 STREET ADDRESS	303 North River Road	
CITY-ST-ZIP	LaBelle, FL 33935	4.4 CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	D	5.1 TITLE	D	XX Change ☐ Addition
NAME	Conklin, David	5.2 NAME	Englebright, Raymond	
STREET ADDRESS	760 Grant Street	5.3 STREET ADDRESS	P. O. Box 1201 N/A	
CITY-ST-ZIP	LaBelle, FL 33935	5.4 CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	D	6.1 TITLE	D	XX Change ☐ Addition
NAME	Coddington, James	6.2 NAME	Pixley, Michael	
STREET ADDRESS	166 Clark Street	6.3 STREET ADDRESS	200 Oak Street East	
CITY-ST-ZIP	LaBelle, FL 33935	6.4 CITY-ST-ZIP	LaBelle, FL 33935	CH

CR2E037 (3/95)

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)(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: Jacob A. Leicht Jacob A. Leicht, Pres. 6/29/95 941-675-3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #