

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N26400

(4)

1. Corporation Name

LABELLE LIONS CLUB, INC.



Principal Place of Business

JAYCEE-LIONS DR.  
LABELLE FL 33935

Mailing Address

P.O. BOX 1338  
LABELLE FL 33935

3. Date Incorporated or Qualified  
05/11/1988

3a. Date of Last Report  
07/11/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number  
59-6153314

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

YAUN, JOHN A.  
848 WEST VENTURA AVE.  
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

700001848377  
-06/03/96--01056-FL35

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this report 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LEICHT, JACOB A  
P.O. BOX 66 N/A  
LABELLE FL 33935

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LEICHT, MARY E  
P.O. BOX 66 N/A  
LABELLE FL 33935

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
X  
ANDREWS, NORMA  
P.O. BOX 245 N/A  
LABELLE FL 33935

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BY  
JOHNSON, DAVID  
303 N. RIVER RD.  
LABELLE FL 33935

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ENGLEBRIGHT, RAYMOND  
P.O. BOX 1201 N/A  
LABELLE FL 33935

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PIXLEY, MICHAEL  
200 OAK ST. E.  
LABELLE FL 33935

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-96

(941) 675-1844

CR2E037 (12/95)