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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26400** (4)

1. Corporation Name

LABELLE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

JAYCEE-LIONS DR.
LABELLE FL 33935

P.O. BOX 1338
LABELLE FL ~~33935~~ 33975

3. Date Incorporated or Qualified

05/11/1988

4. FEI Number

59-6153314

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, NORMA J
CHAPARRAL STOUGH 9A-20-H 2810 CHAPARRAL AVE, S.W.
LABELLE FL ~~33935~~ 33975

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 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

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 ☐ DELETE
NAME D/V
STREET ADDRESS LEICHT, JACOB A
CITY-ST-ZIP P.O. BOX 66 N/A
LABELLE FL ~~33935~~ 33975

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D/S/T
STREET ADDRESS LEICHT, MARY E
CITY-ST-ZIP P.O. BOX 66 N/A
LABELLE FL ~~33935~~ 33975

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS ANDREWS, NORMA J
CITY-ST-ZIP P.O. BOX 245 N/A
LABELLE FL ~~33935~~ 33975

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME T
STREET ADDRESS JOHNSON, DAVID
CITY-ST-ZIP 303 N. RIVER RD.
LABELLE FL 33935

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME P/D
4.3 STREET ADDRESS BOB ELLERS
4.4 CITY-ST-ZIP 43 DESERT CANYON CIRCLE
LEHIGH ACRES, FL 33936

TITLE ☐ DELETE
NAME X D
STREET ADDRESS ENGLEBRIGHT, RAYMOND
CITY-ST-ZIP P.O. BOX 1201 N/A
LABELLE FL ~~33935~~ 33975

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME X V/D
STREET ADDRESS LINDERMAN, FRAN
CITY-ST-ZIP P O BOX 2715 N/A
LABELLE FL 33975

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:  NORMA J ANDREWS (941) 675-1894

CR2037 (10/97)