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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:45

DOCUMENT # N27368 (2)

1. Corporation Name

LIONS CLUB OF CAPE CORAL, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 785 CAPE CORAL FL 33910	PO BOX 785 CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1988
3a. Date of Last Report: 02/23/1994
4. FEI Number: 65-0064328 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

EISERT, RUSSELL J
5317 DELANO CT
CAPE CORAL FL 33904

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 _____ (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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNDEE, NICHOLAS J.	1.2 NAME	
STREET ADDRESS	3354 SE 17TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	33904
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	HOPWOOD, GUY	2.2 NAME	
STREET ADDRESS	~~9295 LAKE PARK DR., SW~~	2.3 STREET ADDRESS	13124 HAMPSHIRE CT
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	33919
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	STANTON, CLIFFORD	3.2 NAME	
STREET ADDRESS	4507 SE 14TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	33904
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	EISERT, RUSSELL J	4.2 NAME	
STREET ADDRESS	5317 DELANO CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	33904
TITLE		5.1 TITLE	VD ☐ Change ☒ Addition
NAME		5.2 NAME	WEST, RICHARD L.
STREET ADDRESS		5.3 STREET ADDRESS	2820 SE 18th AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	~~CAPE CORAL, FL~~ 33904
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ NICHOLAS J. DUNDEE, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/9/95 — Daytime Phone #: (813) 549-0947

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