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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33910PO BOX 785
CAPE CORAL FL 33910-0785

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISERT, RUSSELL J
5317 DELANO CT.
CAPE CORAL FL 33904

81 Name Richard L. West

82 Street Address (P.O. Box Number is Not Acceptable)
2820 S. E. 18th Ave.

83

84 City Cape Coral

FL

85 Zip Code 33904

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

RICHARD L. WEST

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME DUNDEE, NICHOLAS J.
STREET ADDRESS 3354 SE 17TH PLACE
CITY- ST- ZIP CAPE CORAL FL1.1 TITLE TD
1.2 NAME DUNDEE, NICHOLAS J.
1.3 STREET ADDRESS 3354 SE 17th PLACE
1.4 CITY- ST- ZIP CAPE CORAL, FL 33904TITLE VD
NAME DAY, STEPHEN A.
STREET ADDRESS 4180 PRESTWICK CT
CITY- ST- ZIP NORTH FORT MYERS FL2.1 TITLE PD
2.2 NAME DAY, STEPHEN A.
2.3 STREET ADDRESS 4180 PRESTWICK CT.
2.4 CITY- ST- ZIP NORTH FORT MYERS 33903TITLE SD
NAME EISERT, RUSSELL J
STREET ADDRESS 5317 DELANO CT
CITY- ST- ZIP CAPE CORAL FL3.1 TITLE RICHARD L. WEST SD
3.2 NAME
3.3 STREET ADDRESS 2820 SE 18th AVE.
3.4 CITY- ST- ZIP CAPE CORAL, FL 33908TITLE PD
NAME WEST, RICHARD L.
STREET ADDRESS 2820 SE 18th AVE
CITY- ST- ZIP CAPE CORAL FL4.1 TITLE VB
4.2 NAME DIANA PINTO
4.3 STREET ADDRESS 1425 N.E. 4th PLACE
4.4 CITY- ST- ZIP CAPE CORAL FL. 33909TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 or 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

RICHARD L. WEST

DATE

Deadline Phone # 0066500

CR2E037 (9/96)