~~032615~~99-90006-032-$61.25-$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90006 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

390448 - 90009 - 4

DOCUMENT # N27368

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/12/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0064328 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEST, RICHARD L. 2820 SE 18TH AVE. CAPE CORAL FL 33904	81 Name: Lucy Marsden 82 Street Address (P.O. Box Number is Not Acceptable): 151 Cape Coral Pkwy W 83 Cape Coral 84 City: FL 85 Zip Code: 33914

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: Lucille A Marsden - 3-19-99
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BULCK, MARY JOAN		1.2 NAME	Kath. Curtis	
STREET ADDRESS	4963 SEVILLE COURT		1.3 STREET ADDRESS	1910 Del Prado S.	
CITY-ST-ZIP	CAPE CORAL FL 33404		1.4 CITY-ST-ZIP	Cape Coral FL 33990	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KATH, CURTIS		2.2 NAME	George Wood	
STREET ADDRESS	1910 DEL PRADO BLVD. S.		2.3 STREET ADDRESS	122 S.E. 38th Terr.	
CITY-ST-ZIP	CAPE CORAL FL 33990		2.4 CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	WEST, RICHARD L		3.2 NAME	Lucy Marsden	
STREET ADDRESS	2820 SE 18TH AVE.		3.3 STREET ADDRESS	151 Cape Coral Pkwy W.	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PINTO, DIANA		4.2 NAME		
STREET ADDRESS	1425 NE 4TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33909		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Lucille A. Marsden Jan 7. 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #