FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUM	1ENT # N28438	(2)			
	OON LIONS CLUB, INC.				an ann ann ann ann ann ann ann ann ann
1 17 4441 1711	OON EIGHT GEED, III				
Principal Place of	of Business	Mailing Address			HAN AND AND FORM BIRTH AND FORM
688 N.E. 165TH TERRACE 688 N.E. 165TH TERRACE					
SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34488					
				 Date Incorporated or Qualified 09/22/1988 	3a. Date of Last Report 02/20/1995
A Bringing Day	no of Rusinass	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Piace of Business 2a. Mailing Addres 21 26		├ ¬		59-1614155	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
27			P. Flanting Communication Singapoine	\$5.00 May Be	
Crty & State		City & State		Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
24	25	29 30	0		Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered Ayent
4			o I Idanie	Verne A. Smalt Idress (P.O. Box Number is Not Acceptable	
MYERS, LEWIS O.			82 Street Ad	dress (P.O. Box Number is Not Acceptable 688 N.E. 165th T	errace
403 NORTHWEST SECOND STREET			63		011400
' OCALA FL 34470				Silver Springs	85 Zip Code
			84 City		FL 34488
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					
or registere familiar witi	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Such change was authorized t on 617.0503, Florida Statutes.	by the corporation's bu	pard of directors. Thereby accept the appr	13 01
	Signature typed or printed name of registered agent a	1 7 -	Smalt, Se	cretary	7-07-76
	Signature typed or printed name of registered agent a OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFF	
12.	P OFFICERS AND	DELETE	1.1 TITLE		Change Addition
NAME	LEE, WILLIAM R JR	_	1.2 NAME		
STREET ADDRESS	2220 SE 172ND TERRACE		1.3 STREET ADDRESS		
CITY-SI-ZIP	SILVER SPRINGS FL 34488		1.4 CITY - ST - ZIP		The Little Control of
TIFLE	VP	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEE, EDITH A		2.2 NAME		•
STREET ADDRESS	2220 SE 172ND TERRACE		23 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	0	Change Addition
TITLE	ST VEDALE A	Pocrete	3.2 NAME	Secretary Verne A. Smalt	
NAME	SMALT, VERNE A 688 NE 165TH TERRACE		3.3 STREET ADDRESS	688 N.E. 165 Te	rrace
STREET ADDRESS	SILVER SPRINGS FL 34488		3 4. CITY-ST-ZIP	Silver Springs,	
CITY-ST-ZIP	D	DELETE	4.1 TITLE		Change Addition
NAME	JORGENSEN, CHARLES		4. 2 NAME		
STREET ADDRESS	16962 SE 65TH PLACE		4.3 STREET ADDRESS		!
CITY-ST-ZIP	OCKLAWAHA FL 32179		4.4 CITY-ST-ZIP		Change Addition
TITLE	D	DELETE	5.1 TITLE		-
NAME	SMALT, PHYLLIS M		5.2 NAME	7000017 -03/18/3601	46837
STREET ADDRESS	688 NE 165TH TERRACE		5.3 STREET ADDRESS		U4901Z
CITY - ST - ZIP	SILVER SPRINGS FL 34488	DELETE	5.4 CITY-ST-ZIP 61 TITLE	***70.00	☐ Change ☐ Addition
TITLE	D Smith, Russell M	Doctrie	62 NAME		
NAME	I OMITTI, NUODELL M				· ·

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 cath; 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 12 fichanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR **OCALA FL 34482** 6.4 CITY - ST - ZIP CITY - ST - ZIP

6.3 STREET ADDRESS

STREET ADDRESS

1720 SE 185TH COURT

The new Treasurer is:

LYNN SMITH 16951 n.E. 4 th Street Silver Springe, 7l. 34488 Phone: 352-625_5960