

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # N28438 (2)

1. Corporation Name

HALF MOON LIONS CLUB, INC.

Principal Place of Business

688 N.E. 165TH TERRACE
SILVER SPRINGS FL 34488

Mailing Address

688 N.E. 165TH TERRACE
SILVER SPRINGS FL 34488-5269

3. Date Incorporated or Qualified
09/22/1988

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-1614155

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMALT, VERNE A
688 N.E. 165TH TERRACE
SILVER SPRINGS FL 34488

81 Name

WILLIAM R. LEE

82 Street Address (P.O. Box Number is Not Acceptable)

2220 SE 172ND TER.

83

84 City

SILVER SPRINGS

FL

85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

William R. Lee
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME LEE, WILLIAM R JR
STREET ADDRESS 2220 SE 172ND TERRACE
CITY - ST - ZIP SILVER SPRINGS FL 34488

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

TITLE VP ☐ DELETE
NAME LEE, EDITH A
STREET ADDRESS 2220 SE 172ND TERRACE
CITY - ST - ZIP SILVER SPRINGS FL 34488

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

TITLE S ☒ DELETE
NAME SMALT, VERNE A
STREET ADDRESS 688 NE 165TH TERRACE
CITY - ST - ZIP SILVER SPRINGS FL 34488

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME DIRECTOR
3.3 STREET ADDRESS IRENE ROBINSON
3.4 CITY - ST - ZIP 1020 SE 165TH AVE.
SILVER SPRINGS, FL 34488

TITLE D ☐ DELETE
NAME JORGENSEN, CHARLES
STREET ADDRESS 16962 SE 65TH PLACE
CITY - ST - ZIP OCKLAWAHA FL 32179

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☒ DELETE
NAME SMALT, PHYLLIS M
STREET ADDRESS 688 NE 165TH TERRACE
CITY - ST - ZIP SILVER SPRINGS FL 34488

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

TITLE D ☐ DELETE
NAME SMITH, RUSSELL M
STREET ADDRESS 1720 SE 185TH COURT
CITY - ST - ZIP Ocala FL 34482

6.1 TITLE ☐ Change ☐ Addition
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 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: *William R. Lee* WILLIAM R. LEE

3/1/97 (352) 625-7388

CP2E037 (9/96)