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FILED  
Feb 27 1998 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28438

(2)

1. Corporation Name

HALF MOON LIONS CLUB, INC.

Principal Place of Business

Mailing Address

698 N.E. 165TH TERRACE  
SILVER SPRINGS FL 34488698 N.E. 165TH TERRACE  
SILVER SPRINGS FL 34488

2. Principal Place of Business

21 2220 S.E. 172nd Terrace

2a. Mailing Address

26 2220 S.E. 172nd Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 Silver Springs, Fl.

City &amp; State

28 Silver Springs, Fl.

Zip

24 24488

Country

25 USA

Zip

29 34488

Country

30 USA

9. Name and Address of Current Registered Agent

LEE, WILLIAM R.  
2220 SE 172 TERR  
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81 Name

Lee, Edith A.

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

2220 S.E. 172nd Terrace

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 2/23/98

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETENAME LEE, WILLIAM R JR  
STREET ADDRESS 2220 SE 172ND TERRACE  
CITY-ST-ZIP SILVER SPRINGS FL 34488TITLE VP ☐ DELETENAME LEE, EDITH A  
STREET ADDRESS 2220 SE 172ND TERRACE  
CITY-ST-ZIP SILVER SPRINGS FL 34488TITLE D ☐ DELETENAME ROBINSON, IRENE  
STREET ADDRESS 1020 SE 165 AVE  
CITY-ST-ZIP SILVER SPRINGS FLTITLE D ☐ DELETENAME JORGENSEN, CHARLES  
STREET ADDRESS 16962 SE 65TH PLACE  
CITY-ST-ZIP OCKLAWAHA FL 32179TITLE D ☐ DELETENAME SMITH, RUSSELL M  
STREET ADDRESS 1720 SE 185TH COURT  
CITY-ST-ZIP Ocala FL 34482TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition1.2 NAME Lee, Edith A.  
1.3 STREET ADDRESS 2220 S.E. 172nd Terrace  
1.4 CITY-ST-ZIP Silver Springs, Fl. 344882.1 TITLE V/D ☒ Change ☐ Addition2.2 NAME Smith, Russell M.  
2.3 STREET ADDRESS 1850 N.W. 116th Terrace  
2.4 CITY-ST-ZIP Ocala, Fl. 344823.1 TITLE V/D ☒ Change ☐ Addition3.2 NAME Jorgensen, Charles  
3.3 STREET ADDRESS 16962 S.E. 65th Place  
3.4 CITY-ST-ZIP Ocklawaha, Fl. 321794.1 TITLE S/T/D ☐ Change ☒ Addition4.2 NAME Smith, Lynn  
4.3 STREET ADDRESS 16951 N.E. 4th Street  
4.4 CITY-ST-ZIP Silver Springs, Fl. 344885.1 TITLE D ☐ Change ☒ Addition5.2 NAME Jorgensen, Laurie  
5.3 STREET ADDRESS 16962 S.E. 65th Place  
5.4 CITY-ST-ZIP Ocklawaha, Fl. 321796.1 TITLE D ☐ Change ☒ Addition6.2 NAME Ney, Geraldine  
6.3 STREET ADDRESS 2060 S.E. 172nd Terrace  
6.4 CITY-ST-ZIP Silver Springs, Fl. 34488

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.

SIGNATURE

CR2E037 (10/97)