FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N28438

1. Corporation Name

HALF MOON LIONS CLUB, INC.

Principal Place of Business								
2220 S.E. 172ND TERR								
SILVER SPRINGS FL 24488								
US								

Mailing Address

2220 S.E. 172ND TERR SILVER SPRINGS FL 34488



2. Principal P	Principal Place of Business 2a. Mailing Address					3. Date Incorporated or (Qualifed				
21		26				09/22/1988					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number		Apı	plied For		
22	27			<u></u>		59-1614155		No	t Applicable		
City & State City & State						5. Certificate of Status Desired			\$8.75 Additional		
23						J. Certificate of Status De	Fee Re	Fee Required			
Zip	Country Zip C			Country 6. Election Campaig		6. Election Campaign Fir	nancing 🖂	\$5.00	\$5.00 May Be		
24	25	29	29 30			Trust Fund Contribution Added to Fees					
Name and Address of Current Registered Agent					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 TERR				UZ Street Address (1.5. Dox Hamber to Not Acceptable)							
SILVER SPRINGS FL 34488				83							
OILTEN O	THINGS I E STICE			_							
	,		{	84	City	1	F	85 Zip C	ode		
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.											
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE Edith A. Lee, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS ANI		13.	- Garic on	igracule required	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12		
TITLE			1.1 190	 LE	- TD	 		Change	Addition		
NAME			1.2 NA		He	oey, John					
	ARROY OF ATOMO TERM					18486 SE 52nd Street					
STREET ADDRESS					10c	Ocklawaha, Fl 32179					
CITY-\$T-ZIP				Y-ST-Ż LE	D			☐ Change	X Addition		
TITLE	† ···			MĖ		ey, Tina					
NAME						140406 70 7 1					
STREET ADDRESS				_							
CITY-ST-ZIP				TY-ST-2		Ocklawaha, F1 32179					
TITLE	-			LE	. , –	- 7	•	Cloudige	A Addition		
NAME				ME	Jorgensen, Laurie						
STREET ADDRESS	16962 S.E. 65TH PLACE		3.3 \$77	REET AL		962 SE 65th 1					
CITY-ST-ZIP	OCKLAWAHA FL 32179			Y-ST-Z							
TITLE	D	DELETE	4.1 TITI	LE	Т	-D		Change	Addition		
NAME	JORGENSEN, CHARLES		4, 2 NA	ME.	Ma	ttson, Bruce			1		
STREET ADDRESS	16962 SE 65TH PLACE		4.3 STF	REET AD		720 SE 63rd 1	Lane ·	•			
CITY-ST-ZIP	OCKLAWAHA FL 32179		4.4 CIT	Y-ST-Z	™ OC	<u>klawaha, Fl</u>	32179				
TITLE	D	★ DELETE	5.1 7111	LE	D			Change	Addition		
NAME	SMITH, RUSSELL M		5.2 NA	ME		ttson, Danise					
STREET ADDRESS	1720 SE 185TH COURT		5.3 STF	REETAD	DDRESS 16	720 SE 63rd 1	Lane	-	1		
CITY-ST-ZIP	OCALA FL 34482 5.4			Y-ST-Z		klawaha, Fl		· .			
TITLE			6.1 TITI	LE	D		—: — 	☐ Change	* Addition		
NAME	NEY, GERALDINE		6.2 NA	ME	Ne	y, Raymond					
STREET ADDRESS	2060 S.W. 172ND TERR		6.3 STF	REET AC		60 SE 172nd 1	Porrace]		
					20	00 DE 172HU 1	LCTIACC		l l		

14. Thereby 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 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.

Edith A. Lee, Pres. (352) 625-3788