FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State			
DOCU 1. Corporatio	MENT In Name	# N2866	3 (5)							
1		LIONS CLUB, INC.	•							
			•				A PAGATRAD DRAD TARAD ALANG BATAG BATAGA ATAT BATAGA A			
Principal Plac	e of Busines		Mailing Address							
								<u> </u>		
PO BOX 2941 NAPLES FL 33939 - NAPLES FL 33939							3. Date Incorporated or Qualified			
US							10/03/1988 4. FEI Number	1 14	pplied For	
							23-7113158	\ '' - '	ot Applicable	
2. Principal P	lace of Busin	2s. Mailing Address	. Mailing Address			5. Certificate of Status Desired	 +4	Additional		
21	0 24		26						equired	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00		
City & Stat	.e		City & State				Trust Fund Contribution			
23	_		28				Yes No			
Zip					Jntry		8. This corporation owes or has paid the			
24	24 25 29 30 30 9, Name and Address of Current Registered Agent						Personal Property Tax due June 30. 10. Name and Address of New Register		_l No	
	y, Hallie	and Address of Current	Luagistatan wüatit		81	Name	TO. Name and Address of New Negrater	an when		
ARTHIE	MALLIAM						10 0 0 No. 10 No			
ARTHUR, WILLIAM 4200 22ND PLACE SW					82	Street Adi	dress (P.O. Box Number is Not Acceptable)			
NAPLES FL 33999					63					
					84	City		. 85 Zip	Code	
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 a	m femiliar wi	th, and accept the obliga	tions of, Section 617.0503, F	Florida Sta	tutes	š.			}	
SIGNATURE .	Signature, lyped	or printed name of registered agen	nt and title if applicable (NC	OTE: Registere	d Age	ni signalura requ	uired when reinstating) DATI	Ε		
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	PO		DELETE	1.1 T		19	Sirilaria de Lari	🔽 Change	☐ Addition	
NAME		LO, FREDERICK		1.2 NAME			Anderman, hori			
STREET ADDRESS	NAPLES	TH COURT N		1.3 STREET 1.4 City-S			_ _ _		1	
CITY-ST-ZIP TITLE	VD) FL	DELETE	2.1 1		1 · ZIP	Naples, Fla-34117	Change	Addition	
NAME		HN, DONALD		2.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	NAPLES			2.40	ITY-S	T - ZIP				
TITLE	D		DELETE	3.1 TI		D		Change	Addition	
NAME		I, R. EARL		3.2 N		<i>R</i>	oark Wayne		ļ	
STREET ADDRESS	4459 LA NAPLES	KEWOOD BLVD.		1		ADDRESS 4	Poarl Wayne 1257 32 ra Auc Sw Naples, Flat 84116			
CITY-ST-ZIP TITLE	T) FL	DELETE	4.1 Ti		it-zip ,	vaples, 1-19- 3-1110	Change	Addition	
NAME	COE, RO	OBERT	_	4.2 N						
STREET ADDRESS		PREST AVE.		4.3 S	TAEET	ADDRESS			1	
CITY-ST-ZIP	NAPLES	FL		4.4 C	TY-S	T-ZIP				
TITLE			☐ DELETE	5.1 Ti				Change	Addition	
NAME	l			5.2 N					ļ	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			☐ DÉLETE	5.4 CI 6,1 TI		1-ZIP		Change	Addition	
NAME				6.2 N/						
STREET ADDRESS				T T		ADDRESS)	
COTY OF THE					TV 61				ļ	

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.

FILED

Feb 05 1998 8:00am