FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 JAN 27 PM 3:56

DOCUMENT # N29403 (5)

1. Corporation Name
OCALA LIONS CLUB, INC.

Principal Place of Business	Mailing Address
%GARRY D. ADEL 44 SE FIRST AVE., 2D FLOOR OCALA FL 34471 US	%GARRY D. ADEL 44 SE FIRST AVE., 2D FLOOR OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1988
3a. Date of Last Report: 04/21/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4 SE Broadway St.	26 4 SE Broadway St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, FL	City & State 28 Ocala, Fl
Zip 24 34471 Country 25 USA	Zip 29 34471 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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
ADEL, GARRY D. 44 SE FIRST AVE., 2D FLOOR OCALA FL 32671	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 4 SE Broadway St 84 City Ocala FL 85 Zip Code 34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Garry D. Adel — 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	MYERS, LEWIS	1.2 NAME	Alan Hay	
STREET ADDRESS	1414 SE 14 AVE	1.3 STREET ADDRESS	3421 NE 22nd Ct	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34479	
TITLE	PD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	IMES, MARK	2.2 NAME	Ed Huff	
STREET ADDRESS	65 NE 51 AVE	2.3 STREET ADDRESS	8295 NW 48th Ln	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34482	
TITLE	VD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRISSOM, J. C	3.2 NAME		
STREET ADDRESS	2508 NE EIGHT LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	DANIELS, HARRY	4.2 NAME	Ted Reiter	
STREET ADDRESS	334 NW 3 AVE	4.3 STREET ADDRESS	3508 SE 17th St	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	VD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	HUNTER, JAMES W	5.2 NAME	Charles Rickolt	
STREET ADDRESS	736 SE 18 AVE	5.3 STREET ADDRESS	3415 SE 2nd St	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	ADEL, GARRY D	6.2 NAME		
STREET ADDRESS	44 SE FIRST AVE., 2ND FL	6.3 STREET ADDRESS	4 SE Broadway St	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	Ocala, Fl 34471	

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)(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: [signature] Garry D. Adel Director — 1-18-95 — 904 732 27[illegible]18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010270