FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N29403 (5)

1. Corporation Name

OCALA LIONS CLUB, INC.

Principal Place of Business	Mailing Address
4 SE BROADWAY ST ~~44 SE FIRST AVE., 2D FLOOR~~ OCALA FL 34471 US	4 SE BROADWAY ST ~~44 SE FIRST AVE., 2D FLOOR~~ OCALA FL 34471 US

3. Date Incorporated or Qualified: 11/22/1988
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business
21 | 4 SE Broadway St
22 | Suite, Apt. #, etc.
23 | Ocala, FL
24 | Zip: 34471 | 25 | Country

2a. Mailing Address
26 | PO Box 1869
27 | Suite, Apt. #, etc.
28 | Ocala, FL
29 | Zip: 34478 | 30 | Country

4. FEI Number: NOT APPLICABLE ☐ 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**

ADEL, GARRY D.
4 SE BROADWAY ST
OCALA FL 34471

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL | 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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (Signature, Date, and printed name of registered agent required if applicable) (NOTE: Registered Agent signature & date below mandatory) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	MAY, ALAN		12 NAME		
STREET ADDRESS	3421 N.E. 22ND CT		13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		14 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	21 TITLE	SD	☐ Change ☒ Addition
NAME	HUFF, ED		22 NAME	MORGAN, TOM	
STREET ADDRESS	8295 NW 48TH LN		23 STREET ADDRESS	3730 S.E. 15 ST	
CITY-ST-ZIP	OCALA FL		24 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	PD	☒ DELETE	31 TITLE	VD	☐ Change ☒ Addition
NAME	GRISSOM, J. C		32 NAME	D'ORIA, DEE	
STREET ADDRESS	2508 NE EIGHT LANE		33 STREET ADDRESS	617 S.E. 43 AVE	
CITY-ST-ZIP	OCALA FL		34 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	REITER, TED		42 NAME		
STREET ADDRESS	2303 SE 17TH ST		43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		44 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	51 TITLE	VD	☐ Change ☒ Addition
NAME	RICKOLF, CHARLES		52 NAME	CASTRO, PETE	
STREET ADDRESS	3415 SE 2ND ST		53 STREET ADDRESS	42 TEAK RUN	
CITY-ST-ZIP	OCALA FL		54 CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	☒ DELETE	61 TITLE	VD	☐ Change ☒ Addition
NAME	ADEL, GARRY D		62 NAME	VENTRESCA, PAUL	
STREET ADDRESS	4 SE BROADWAY ST		63 STREET ADDRESS	19 S.E. ALMOND DRIVE TRAIL	
CITY-ST-ZIP	OCALA FL		64 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)(k), 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: Alan T May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)