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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29403**

1. Corporation Name
OCALA LIONS CLUB, INC.

Principal Place of Business	Mailing Address
4 SE BROADWAY ST OCALA FL 34471 US	4 SE BROADWAY ST OCALA FL 34471 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/22/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADEL, GARRY D. 4 SE BROADWAY ST ,OCALA FL 34471	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MATTHEWS, RON		1.2 NAME		
STREET ADDRESS	2303 S.E. 17 ST, #101		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MORGAN, TOM		2.2 NAME		
STREET ADDRESS	3730 SE 15 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	KNOBLOCK, V E		3.2 NAME	BRYANT, RANDY	
STREET ADDRESS	5965 NW 86TH LANE		3.3 STREET ADDRESS	4800 N.E. 22 Avenue	
CITY-ST-ZIP	OCALA FL 34475		3.4 CITY-ST-ZIP	Ocala, Florida 34479	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REITER, TED		4.2 NAME		
STREET ADDRESS	2303 SE 17TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	CASTRO, PETE		5.2 NAME	NORFLEET, WILLIAM	
STREET ADDRESS	42 TEAK RUN		5.3 STREET ADDRESS	1320 S.E. Fifth Street	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	Ocala, Florida 34471	
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VENTRESCA, PAUL		6.2 NAME		
STREET ADDRESS	19 SE ALMOND DRIVE TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-13-99 401-380-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #