2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # N29403 1. Entity Name OCALA LIONS CLUB, INC.					01-23-2004 90043 018 ****61.25				51.25	
Principal Place of Business Mailing Address 4 SE BROADWAY ST 4 SE BROADWAY ST OCALA, FL 34471 US OCALA, FL 34471 US		<i>p</i> ³								
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2. Principal Place of Business		3. Mailing Address					1 5 1 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0	1192004	Chg-NP	CR2E	037 (10/03)		
City & State		City & State		4.	. FEI Numbe	PLICABLE	**	 	pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate	of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current F	registered Agent		7:	Name and	Address of New	Registered		, u	
ADEL, GARRY D.			Name		•					
4 SE BROADWAY ST			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
OCALA, FL 34471						11				
			City	FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Reg	istered Agent signatu	are required when	n reinstating) .		DATE			
	Filling Fee is \$61.25 Due by May 1, 2004	9. Election Campaig Trust Fund Contr	gn Financing	\$5	5.00 May B		Make che	ck payable t	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Campaig Trust Fund Contr	gn Financing ribution.	. \$5 D Add	.00 May B		Make cheo	ck payable t artment of S	tate	
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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \(\)

ALL DOM CALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

1/20/04

351-731-0171 Daylime Phone #

Attachment

10. Additional Officers and Directors

N29403:

Harry Hicken 221 SE 31 Terrace Ocala, Florida 34471

Ted Reiter 40 S.E. 11th Avenue Ocala, Florida 34471

Jerry Cullison 1403 S.E. Fort King St. Ocala, Florida 34471

Thomas Fambrough Post Office Box 555 Candler, Florida 32111

Abe Shashy 222 S.E. 10th Avenue Ocala, Florida 34471

Bob Ward 2031 S.E. 8th Street Ocala, Florida 34471

Tom Morgan 3730 S.E. 15th St: Ocala, Florida 34471

L.G. Skufe 557 Lake Drive Lake Diamond, Florida 34472

V.E. Knoblock 8795 NW 60 Avenue Ocala, Florida 34482