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

APPROVED AND FILED
95 JUN 20 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29529 (7)

1. Corporation Name
LEESBURG HUB CITY LIONS CLUB, INC.

Principal Place of Business	Mailing Address
C/O SAM D. CACCAMISE 1512 W. LANCASTER AVE. LEESBURG FL 34748-6937	C/O SAM D. CACCAMISE 1512 W. LANCASTER AVE. LEESBURG FL 34748-6937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1988
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-6170035 ☐ 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
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

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

CACCAMISE
LACCANISE SAM D.
1512 LANCASTER AVE.
LEESBURG FL 34748

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 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 Sam D Caccamise — Signature, typed or printed name of registered agent and title if applicable
Sam D Caccamise — (NOTE: Registered Agent signature required when reinstating)
DATE 4-8-1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	IVEY, JAMES	1.2 NAME		
STREET ADDRESS	131 CR 468	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BECK, JOHN D	2.2 NAME		
STREET ADDRESS	3757 PICCIOLA RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HUNT, AL	3.2 NAME		
STREET ADDRESS	1105 N CEDAR ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DAVID M	4.2 NAME		
STREET ADDRESS	315 CR 468	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	CACCAMISE, SAM D.	5.2 NAME		
STREET ADDRESS	1512 LANCASTER AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	REQUESTED BY MAY 1	
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLZGREBE, HAROLD M	6.2 NAME		
STREET ADDRESS	1130 E NORTH BLVD	6.3 STREET ADDRESS	#1 Deposited By Bank 6/20	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP		

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: Sam D Caccamise — 4-8-95 — 787-4483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000184