

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90002 033 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N29944</b> 1. Corporation Name <b>ORLANDO DOWNTOWN LIONS CLUB, INC.</b>		
Principal Place of Business C/O ROGER H. GILL 2014 E. ESTHER ST. ORLANDO FL 32806	Mailing Address C/O ROGER H. GILL 2014 E. ESTHER ST. ORLANDO FL 32806	

91575 - 90002 - 33



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/21/1988 4. FEI Number 59-2952656 Applied For -- Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent GILL, ROGER H. 2014 E. ESTHER ST. ORLANDO FL 32806	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
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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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDOWS, THEODORE	1.2 NAME	Theodore Widows
STREET ADDRESS	10200 FLOWERS AVE.	1.3 STREET ADDRESS	10200 Flowers Ave.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando Florida
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILBURN, ROBERT	2.2 NAME	
STREET ADDRESS	1821 TAYLOR AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSER, LEE	3.2 NAME	
STREET ADDRESS	2329 HOMEWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, ROBERT	4.2 NAME	Shaw Robert
STREET ADDRESS	5111 CYPRESS CREEK DRIVE	4.3 STREET ADDRESS	5111 Cypress Creek Drive
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando Florida
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, ELMER	5.2 NAME	
STREET ADDRESS	4300 OLD DOMINION ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, ROGER H.	6.2 NAME	
STREET ADDRESS	2014 E. ESTHER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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:  **REQUIRED** Roger GILL H. 1/4/99 407-898-2361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (1/98)