


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N29944					
1. Corporation Name ORLANDO DOWNTOWN LIONS CLUB, INC.					
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		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2952656	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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
				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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER GILL H.

Date

Daytime Phone #

1/4/99 407-898-2361

CR2E037 (11/98)