FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(8)

ORLANDO SOUTH LIONS CLUB, INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address					
% John G. Hunter 7606 Brockbank Dr Orlando Fl 32809 US	% JOHN G. HUNTER 7606 BROCKBANK DR ORLANDO FL 32909 US		3. Date Incorporated or Qualified 04/12/1989 4. FEI Number NOT APPLICABLE	Applied For Not Applicable		
2. Principal Place of Business 21 SAME AS MAIL ADDRESS	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	City & State		7. Is this nonprofit corporation a homeowne Yes	ers association?		
Zip Country 24 25	29 30	untry		Yes No		
		81 Name	10. Name and Address of New Registered	Agent		
HUNTER, JOHN G. 7606 BROCKBANK DR.			dress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32809		83 City		les Zin Codo		

office or r agent. I a	to the provisions of Sections 617.0502 and 6 registered agent, or both, in the State of Flori im familiar with, and accept the obligations o	317.1508, Florida Statute da. Such change was a f, Section 617.0503, Flo	es, the above-named corp uthorized by the corporal rida Statutes.	poration submits this statem tion's board of directors. I h	ent for the purpose of changing ereby accept the appointment a	its registered is registered
SIGNATURE						<u> </u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS		Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OF		DATE S TO OFFICERS AND DIRECTO	DATE	
TITLE	T CHICERS AND DIRE	DELETE	1.1 TITLE	ADDITIONS/CHANGE	Change	
NAME	TAMOD WALTED #	E DEFECT			Change	M Addition
	TAYLOR, WALTER T.		1.2 NAME			
STREET ADDRESS	10524 LARSON COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	I == 1 =	1.4 CITY - ST - ZIP			<u>.</u>
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition
NAME	TRAWICK, THOMAS		2.2 NAME			
STREET ADDRESS	5013 MONET AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		Change	☐ Addition
NAME	Wooldridge, Orville L.		3.2 NAME			
STREET ADDRESS	5524 WESTBURY DR		3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP			
TITLE	Р	☐ DELETE	4,1 TITLE		□ Сhange	Addition
NAME	MORLEY, AL W.		4. 2 NAME		_	
STREET ADDRESS	11518 LAKE WILLIS DR.		4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		4.4 CITY - ST - ZIP			
TITLE	S	DELETE	5.1 TITLE		☐ Change	Addition
NAME	HUNTER, JOHN G		5.2 NAME			
STREET ADDRESS	7606 BROCKBANK DR.		5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE		Change	Addition
NAME	RAYMOND, HAROLD L		6.2 NAME			
STREET ADDRESS	4596 LAKE HOLDEN HILLS DR.		6.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

SIGNATURE:

855-2692