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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:52

DOCUMENT # N33228 (0)

1. Corporation Name
ORANGE BLOSSOM GARDENS LIONS CLUB, INC.

Principal Place of Business	Mailing Address
412 MARK DR. LADY LAKE FL 32159	412 MARK DR. LADY LAKE FL 32159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1989
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2844668 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

HANSON, PAUL R.
412 MARK DR.
LADY LAKE FL 32159

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 Paul R. Hanson P S Paul R. Hanson 4/5/95
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	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BENSON, JOHN	1.2 NAME	Thomas E. Golden	
STREET ADDRESS	1504 W. SCHWARTZ BLVD.	1.3 STREET ADDRESS	1203 Tarpon Lane	
CITY-ST-ZIP	LADY LAKE FL	1.4 CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, PAUL R.	2.2 NAME		
STREET ADDRESS	412 MARK DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SUMMERS, HAROLD	3.2 NAME	Joseph D. Harper	
STREET ADDRESS	539 BONITA DR.	3.3 STREET ADDRESS	1775 W. Schwartz Blvd.	
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCLINTON, WILLIAM	4.2 NAME		
STREET ADDRESS	910 CHULA ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BEACHER, PAUL C	5.2 NAME		
STREET ADDRESS	1766 HILTON HEAD BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HADDAWAY, LOUIS S	6.2 NAME		
STREET ADDRESS	1111 DUSTIN DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE 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: Paul R. Hanson Paul R. Hanson 4/5/95 (904) 753-3756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000467