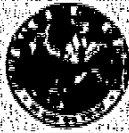


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:52****DOCUMENT # N33228 (0)**
1. Corporation Name
ORANGE BLOSSOM GARDENS LIONS CLUB, INC.

Principal Place of Business

**412 MARK DR.
LADY LAKE FL 32159**

Mailing Address

**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. FBI Number 59-2844668	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

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

(NOTE: Registered Agent signature required when reinstating)

4/5/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
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	
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
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	
NAME	MCCUNTON, 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	
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	
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 110.07(3)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95
Date904-753-3756
Telephone #