


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43780 (8)					
1. Corporation Name LAKELAND DIXIELAND LIONS CLUB, INC.					
Principal Place of Business P.O. BOX 2596 LAKELAND FL 33806 US			Mailing Address P.O. BOX 2596 LAKELAND FL 33806 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3124150	
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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WADE, RAMONA 4131 CINDY RD. LAKELAND FL 33810				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				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	TD	1.1 TITLE	
NAME	ROSS, RICHARD A	1.2 NAME	
STREET ADDRESS	4952 PLEASANT HOLLOW TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D
NAME	WALKER, ALICE	2.2 NAME	BLOSS, CHARLES
STREET ADDRESS	1416 GLENDALE ST.	2.3 STREET ADDRESS	1311 STRATTON DR.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND, FL. 33813
TITLE	D	3.1 TITLE	D
NAME	HOOVER, AL	3.2 NAME	ANDRESKI, BARBARA
STREET ADDRESS	4103 CARLISLE RD. S	3.3 STREET ADDRESS	2019 WOODBRIDGE LOOP
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FL. 33813
TITLE	D	4.1 TITLE	D
NAME	SNOW, HAROLD	4.2 NAME	HALL, GREGG
STREET ADDRESS	2331 N. CRYSTAL LAKE DR.	4.3 STREET ADDRESS	5843 CRANE DR.
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND, FL. 33809
TITLE	SD	5.1 TITLE	SD
NAME	CARTER, BARBARA	5.2 NAME	MOSHOLDER, MARTY
STREET ADDRESS	3660 WILDCAT RUN	5.3 STREET ADDRESS	852 BRYSON LOOP
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	LAKELAND, FL. 33809
TITLE	D	6.1 TITLE	D
NAME	WALKER, PAUL	6.2 NAME	WEED, HERMAN
STREET ADDRESS	1416 GLENDALE ST.	6.3 STREET ADDRESS	4444 U.S. 98 N.
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	LAKELAND, FL. 33809

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.

SIGNATURE:

RICHARD A. ROSS

1-28-98

941-644-6977

CR2E037 (10/97)