

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90063 008 \*\*\*\*61.25

DOCUMENT # N43780

1. Corporation Name

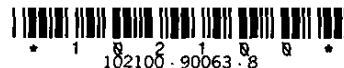
LAKELAND DIXIELAND LIONS CLUB, INC.

Principal Place of Business

P.O. BOX 2596  
LAKELAND FL 33806  
US

Mailing Address

P.O. BOX 2596  
LAKELAND FL 33806  
US



102100 90063 8



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3124150

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WADE, RAMONA  
4131 CINDY RD.  
LAKELAND FL 33810

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 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

*Ramona D. Wade*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
ROSS, RICHARD A  
STREET ADDRESS  
4952 PLEASANT HOLLOW TRAIL  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☒ DELETE

NAME  
BLOSS, CHARLES  
STREET ADDRESS  
1311 STRATTON DR  
CITY-ST-ZIP  
LAKELAND FL 33813

TITLE ☒ DELETE

NAME  
ANDRESKI, BARBARA  
STREET ADDRESS  
2019 WOODBRIAR LOOP  
CITY-ST-ZIP  
LAKELAND FL 33813

TITLE ☒ DELETE

NAME  
HALL, GREGG  
STREET ADDRESS  
5843 CRANE DR  
CITY-ST-ZIP  
LAKELAND FL 33809

TITLE ☐ DELETE

NAME  
MOSHOLDER, MARTY  
STREET ADDRESS  
852 BRYSON LOOP  
CITY-ST-ZIP  
LAKELAND FL 33809

TITLE ☐ DELETE

NAME  
WEED, HERMAN  
STREET ADDRESS  
4444 U S 98 NORTH  
CITY-ST-ZIP  
LAKELAND FL 33809

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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 REQUIRED

1/12/99

(941) 644-6977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)