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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50795** (6)
1. Corporation Name
OKEECHOBEE LIONS CLUB, INC.

Principal Place of Business Mailing Address
P O BOX 89 **P O BOX 89**
OKEECHOBEE FL 34972 **OKEECHOBEE FL 34973**
US **US**

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	29 Country
25	30

3. Date Incorporated or Qualified
09/09/1992
4. FEI Number **65-0366516** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MCCANN, MICHAEL T
2253 SW 8RD COURT
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent
81 Name **STEPHEN E. BURK**
82 Street Address (P.O. Box Number is Not Acceptable)
PO BOX 89 105 NW 6th ST.
83 **Okeechobee County**
84 City **Okeechobee** FL 85 Zip Code **34972**

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. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **STEPHEN E. BURK** DATE **1/20/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HORRICK, HARRY	
STREET ADDRESS	2201 SW 28TH ST 72	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOHN H. PFENNING	
STREET ADDRESS	9251 HWY 70 WEST #50	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JOHN	
STREET ADDRESS	2286 SW 2ND COURT	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCANN, MICHAEL T	
STREET ADDRESS	118 SKYLINE CIR.	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TOFSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEPHEN E. BURK	
1.3 STREET ADDRESS	7920 NW 72nd CT.	
1.4 CITY-ST-ZIP	Okeechobee, FL 34972	
2.1 TITLE	VP & TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIKE JOLE	
2.3 STREET ADDRESS	1936 NW 46 AVE RD. 2786	
2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34973	
3.1 TITLE	Paul Hiett (President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD	
3.3 STREET ADDRESS	500 SE 8th DR	
3.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974	
4.1 TITLE	SA Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James P. Lipseomb	
4.3 STREET ADDRESS	105 NW 6th St.	
4.4 CITY-ST-ZIP	Okeechobee FL 34972	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Wilson	
5.3 STREET ADDRESS	2286 SW 2nd Ct.	
5.4 CITY-ST-ZIP	Okeechobee FL 34974	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARK GAINES	
6.3 STREET ADDRESS	14626 NW 24th Terrace	
6.4 CITY-ST-ZIP	Okeechobee, FL 34972	

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: **STEPHEN E. BURK** 1/20/98 944/763-2898

CR2E037 (10/97)