

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90003 049 ****70.00

DOCUMENT # N50795

1. Entity Name

OKEECHOBEE LIONS CLUB, INC.



Principal Place of Business...

P O BOX 89
OKEECHOBEE FL 34973
US

Mailing Address

P O BOX 89
OKEECHOBEE FL 34973
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0366516

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILES, MARY
274 SE 15TH AVENUE
OKEECHOBEE FL 34974

Name

MONROE ARNOLD

Street Address (P.O. Box Number is Not Acceptable)

14627 N. W. 34th Terrace

City

Okeechobee

FL

Zip Code

34972-0945

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HIOTT, PAUL J ☒ Delete
STREET ADDRESS 1816 S 33RD STREET
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE D
NAME SUMNER, ELDER ☐ Delete
STREET ADDRESS P.O. BOX 566
CITY-ST-ZIP OKEECHOBEE FL 34973

TITLE D
NAME KINSAULY, JOHNNIE M ☐ Delete
STREET ADDRESS P.O. BOX 1033
CITY-ST-ZIP OKEECHOBEE FL 34973

TITLE D
NAME MILES, GARY ☐ Delete
STREET ADDRESS 274 SE 15TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D
NAME ROBERTSON, DONNIE ☒ Delete
STREET ADDRESS 5270 NW 30TH STREET
CITY-ST-ZIP OKEECHOBEE FL 34972-8862

TITLE PD
NAME MILES, GARY ☒ Delete
STREET ADDRESS 274 SE 15TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34974

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition
NAME MONROE ARNOLD
STREET ADDRESS 14627 N W 34th Terrace
CITY-ST-ZIP OKEECHOBEE, FL 34972-0945

TITLE VP-1/D ☐ Change ☒ Addition
NAME WAYNE CLARK
STREET ADDRESS 1574 S W 18th Terrace
CITY-ST-ZIP Okeechobee, FL 34974

TITLE VP-2/D/C ☐ Change ☒ Addition
NAME ELDER SUMNER
STREET ADDRESS POST OFFICE BOX 566
CITY-ST-ZIP Okeechobee, FL 34973-0566

TITLE T/S/D ☐ Change ☒ Addition
NAME LAVON BASS
STREET ADDRESS POST OFFICE BOX 428
CITY-ST-ZIP Okeechobee, FL 34973-0428

TITLE D ☐ Change ☒ Addition
NAME KENNETH BASS
STREET ADDRESS 1003 S W 5th Avenue
CITY-ST-ZIP Okeechobee, FL 34974

TITLE D ☒ Change ☐ Addition
NAME JULIAN STINNETT
STREET ADDRESS 810 SE 13th Street
CITY-ST-ZIP Okeechobee, FL 34974

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-04 863-634-0781

Date

Daytime Phone #