

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000000451

FILED
Aug 19, 2008
Secretary of State

Entity Name: OCALA FORT KING LIONS CLUB, INC.

Current Principal Place of Business:

21 SE WENONA AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1026
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3166928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, PAUL E JR
21 SE WENONA AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: PAUL A WILSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WILSON, JR. P
Address: 21 SE WENONA AVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: GREENE, ROBERT
Address: 2837 SE 37 STR
City-St-Zip: OCALA, FL

Title: D () Delete
Name: STRAWDER, LEROY
Address: 500 NE 53RD CT.
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: MEAD, RON
Address: 3144 NE 2ND PLACE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILSON, JR. P
Address: 21 SE WENONA AVE
City-St-Zip: OCALA, FL 34471

Title: SEC (X) Change () Addition
Name: GREENE, ROBERT
Address: 2838 SE 37 ST
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TATOM, JAMES M
Address: 610 SE 9TH AVE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C GREENE

SEC

08/19/2008

Electronic Signature of Signing Officer or Director

Date