FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003770 (5)

1. Corporation Name
BARTOW LIONS CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 992 BARTOW FL 33830	P.O. BOX 992 BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-6169984 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'TOOLE, NEAL L
305 S. CENTRAL AVE.
BARTOW FL

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	TAGLE, CLEO	1.2 NAME	TERRY, KEN	
STREET ADDRESS	515 HICKORY LANE	1.3 STREET ADDRESS	655 PINECREST DRIVE	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	MORRISON, STEVE	2.2 NAME	QUINN, KENNY	
STREET ADDRESS	585 S. BRONONAM	2.3 STREET ADDRESS	1640 N. BROADWAY	
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CARPENTER, RICHARD	3.2 NAME	DENEVE, JOE	
STREET ADDRESS	295 SOUTH ORANGE	3.3 STREET ADDRESS	705 FOREST DRIVE	
CITY-ST-ZIP	BARTOW FL 33830	3.4 CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	RYLAND, JIM	4.2 NAME	JENELLE, ARTHUR	
STREET ADDRESS	830 MANN RD. E.	4.3 STREET ADDRESS	715 EAST LEMON ST	
CITY-ST-ZIP	BARTOW FL 33830	4.4 CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCRANEY, BILL	5.2 NAME		
STREET ADDRESS	1320 ELEANORE AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: F.E. MILLER TREASURER F.E. Miller 4/18/95 813-533-1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6097000