

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003770 (5)

1. Corporation Name

BARTOW LIONS CLUB, INC.



Principal Place of Business P.O. BOX 992 BARTOW FL 33830	Mailing Address P.O. BOX 992 BARTOW FL 33831-0992
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3. Date Incorporated or Qualified 08/16/1993	3a. Date of Last Report 05/19/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-6169984	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent  O'TOOLE, NEAL L 395 S. CENTRAL AVE. BARTOW FL	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P QUINN KENNY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1640 N BROWAY	1.2 NAME	
STREET ADDRESS	BARTOW FL 33830	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V PITTMAN PAT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHWAY 17 S	2.2 NAME	
STREET ADDRESS	BARTOW FL 33830	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CARPENTER RICHARD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	295 ORANGE AV S	3.2 NAME	LOREN WIDMAN
STREET ADDRESS	BARTOW FL 33830	3.3 STREET ADDRESS	104 WOODEN WAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D EGLI FRED <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1050 BEAR CREEK DR.	4.2 NAME	JOE BARLESS
STREET ADDRESS	BARTOW FL 33830	4.3 STREET ADDRESS	450 N. WILSON AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BARTON, FL 33830
TITLE	D KING EARL <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	190 PARK LN	5.2 NAME	
STREET ADDRESS	BARTOW FL 33830	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T MILLER, F.E. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1635 S. BROADWAY	6.2 NAME	
STREET ADDRESS	BARTOW FL 33830	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: F.E. Miller JANUARY 1/15/97 904-533-1385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6063530

CR2E037 (9/96)