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Mar 09 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 # **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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/16/1993

4. FEI Number

59-6169984

Applied For

Not Applicable

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. 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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **P QUINN KENNY**
STREET ADDRESS **1640 N BROWAY**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ DELETE
NAME **V PITTMAN PAT**
STREET ADDRESS **HIGHWAY 17 S**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ DELETE
NAME **D WILDMAN, LOREN**
STREET ADDRESS **104 WODEN WAY**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☒ DELETE
NAME **D BURLESS, JOE**
STREET ADDRESS **450 N WILSON AVE**
CITY-ST-ZIP **BARTOW FL**

TITLE ☐ DELETE
NAME **D KING EARL**
STREET ADDRESS **190 PARK LN**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ DELETE
NAME **T MILLER, F.E.**
STREET ADDRESS **1095 S. BROADWAY**
CITY-ST-ZIP **BARTOW FL 33830**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **P MOODY DAN**
1.3 STREET ADDRESS **4823 IRONWOOD TR.**
1.4 CITY-ST-ZIP **LOVELAND, FL 33805**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **WIDEMAN**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D TERRY KEN**
4.3 STREET ADDRESS **655 PINECREST DRIVE**
4.4 CITY-ST-ZIP **BARTOW, FL 33830**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

[Handwritten Signature] 3/1/98 941-533-1385

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