

FILE-NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000003770**

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 33830**FILED**
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90029 024 ****61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/16/1993

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6169984

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **MOODY, DAN**
STREET ADDRESS **4823 IRONWOOD TR**
CITY-ST-ZIP **LAKELAND FL 33805**1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **HAIN, ALLEN**
1.3 STREET ADDRESS **1580 BOUBAINVILLE WAY**
1.4 CITY-ST-ZIP **BARTOW, FL 33830**TITLE **V** ☐ DELETE
NAME **PITTMAN PAT**
STREET ADDRESS **HIGHWAY 17 S**
CITY-ST-ZIP **BARTOW FL 33830**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **D** ☒ DELETE
NAME **WIDEMAN, LOREN**
STREET ADDRESS **104 WODEN WAY**
CITY-ST-ZIP **WINTER HAVEN FL**3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **WILSON, GARY**
3.3 STREET ADDRESS **1140 LISA LANE**
3.4 CITY-ST-ZIP **BARTOW, FL 33830**TITLE **D** ☒ DELETE
NAME **TERRY, KEN**
STREET ADDRESS **655 PINECREST DRIVE**
CITY-ST-ZIP **BARTOW FL 33830**4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **LAWSON, BILL**
4.3 STREET ADDRESS **1855 KISSINGEN AVE**
4.4 CITY-ST-ZIP **BARTOW, FL 33830**TITLE **D** ☒ DELETE
NAME **KING EARL**
STREET ADDRESS **190 PARK LN**
CITY-ST-ZIP **BARTOW FL 33830**5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **CAMPBELL, DICK**
5.3 STREET ADDRESS **DELEGGE, JOE**
5.4 CITY-ST-ZIP **450 N. WILSON AVE**
BARTOW, FL 33830TITLE **T** ☐ DELETE
NAME **MILLER, F.E.**
STREET ADDRESS **1095 S. BROADWAY**
CITY-ST-ZIP **BARTOW FL 33830**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, with all other like empowered.

SIGNATURE:

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)