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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000002823 (2)

1. Corporation Name

POMPANO BEACH SOUTH LIONS CLUB, INC.



Principal Place of Business

Mailing Address

3821 NE 15TH TERRACE
POMPANO BEACH FL 33064

3821 NE 15TH TERRACE
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

06/07/1994

4. FEI Number

59-2799422

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, GERALD
3821 NE 15TH TERRACE
POMPANO BEACH FL 33064

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
NAME CAHORSHAK, JOHN
STREET ADDRESS 506 NW 45 AVE
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME SHAW, JOHN
STREET ADDRESS 3550 NW 8TH AVE #106
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE Director
2.2 NAME John Shaw
2.3 STREET ADDRESS 3550 NW 8 Ave, #106
2.4 CITY-ST-ZIP

TITLE D
NAME MILLER, GERALD
STREET ADDRESS 3821 NE 15TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE Secretary
3.2 NAME 3821 NE 15 TERR
3.3 STREET ADDRESS Pompano Beach, FL
3.4 CITY-ST-ZIP

TITLE F
NAME FONTAINE, GALE
STREET ADDRESS 3440 NE 11TH TERR
CITY-ST-ZIP POMPANO BEACH FL

4.1 TITLE Treas
4.2 NAME Herman Greer
4.3 STREET ADDRESS 191 NE 27 St
4.4 CITY-ST-ZIP Pomp Bch, FL

TITLE D
NAME DAVIS, JOHN
STREET ADDRESS 1814 NE 53 CT
CITY-ST-ZIP POMPANO BEACH FL

5.1 TITLE
5.2 NAME Same
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GREER, HERMAN
STREET ADDRESS 191 NE 27 ST
CITY-ST-ZIP POMPANO BEACH FL

6.1 TITLE Director
6.2 NAME Dorothy Miller
6.3 STREET ADDRESS 3821 NE 15 Terr
6.4 CITY-ST-ZIP Pomp Bch, FL

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 to this address.

SIGNATURE:

Signature of registered agent

CR2E037 (10/97)