


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

03-01-1999 90243 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003479

1. Corporation Name

AUBURNDAL LIONS CLUB, INC.

Principal Place of Business

226 BENNETT ST.
AUBURNDAL FL 33823

Mailing Address

P.O. BOX 1271
AUBURNDAL FL 33823
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/14/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0701034
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GABALDON, ADRIAN
210 S. MAIN
P.O. BOX 1303
AUBURNDAL FL 33823

10. Name and Address of New Registered Agent

81 Name	Ernest Gutteridge
82 Street Address (P.O. Box Number is Not Acceptable)	4064 Lake Marianna Drive
83	
84 City	Winter Haven
85 Zip Code	FL 33881

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

Ernest Gutteridge
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL PARKER	1.2 NAME	
STREET ADDRESS	3013 HELMS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTERIDGE, ERNEST	2.2 NAME	VP Mel Richardson
STREET ADDRESS	4064 LAKE MARIANNA DR	2.3 STREET ADDRESS	1711 Inverness Drive
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	Lakeland, Fl. 33813
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JODAR, DONALD	3.2 NAME	
STREET ADDRESS	71 PINE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL D. SWING	4.2 NAME	DT Charles C. Samen
STREET ADDRESS	212 BRIDGERS AVE	4.3 STREET ADDRESS	150 Old Nichols Circle
CITY-ST-ZIP	AUBURNDAL FL	4.4 CITY-ST-ZIP	Auburndale, Florida 33823
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Charles C. Samen
Charles C. Samen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 1999 (941) 965-183

Date

Daytime Phone #

CR2E037 (1/98)