## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400005461 (8)  WINTER GARDEN LIONS CLUB, INC.										
Discissi Disc	of Durings	Mailing Address								
120 SO. DILLARD STREET POST OFFICE BOX 770757 WINTER GARDEN FL 34777-0757 WINTER GARDEN FL 34777-0757										
						3. Date Incorporated or Qualified 11/02/1994	3a. Date of 07/0	.ast Re 6/199	sport <b>35</b>	
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	,		plied For	1
1		26			59-6151298	Not Applicable  \$8.75 Additional			-	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 -		Additional equired	İ
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			May Be	
Zip	Country	<b>28</b> Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				1
24]						Florida Statutes				┨
	9. Name and Address of Curren	t Registered Agent		81 1	Name	10. Name and Address of New He	gistereo Agen			┨
1/11/0 FE	NATA DO 1									4
King, Edward L 120 So. Dillard Street				82	Street Addre	ss (P.O. Box Number is Not Acceptable	9)			
WINTER GARDEN FL 34777-0757			ŀ	83						1
***********	CARDENTE OTTO OTTO		,	84	City		85	7in (	Code	┨
					•		FL	i .		Į
<ol> <li>Pursuant to or registere familiar wit</li> </ol>	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	eand 617.1508, Florida Statute da. Such change was authorize ion 617.0503, Florida Statutes.	s, the abo id by the c	ve-na corpor	med corpora ation's board	tion submits this statement for the purp d of directors. I hereby accept the appoi	ntment as regis	erad a	gent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E Registered	Agent s	gnature required		DATE			] [
12.	OFFICERS AND DIRECTORS		13.	<del></del>		ADDITIONS/CHANGES TO OFFIC				3
TITLE	PD			1.1 TITLE			<b>⊠</b> Cha	ıngė	Addition	1
NAME	SCHLEUPNER, TONY	ILEUPNER, TONY			27/	KITTY HAWK AV	E			{
STREET ADDRESS						5 / 1 1 / / / / / W	-			15
CITY-ST-ZIP	WINTER GARDEN FL	DELETE	1.4 C)	17-57- TLF	ZIP		☐ Ch	ange	Addition	{
TITLÉ	VD Backlund, gene	Dytteit	22 N		l				_	
NAME STREET ADDRESS				TREET AL	DORESS					
CITY-ST-ZIP	APOPKA FL	■ <sup>-</sup>			- ZIP					
TITLE	VD	DELETE	3.1 TITLE				Ch	auče	Addition	1
NAME	LACEY, JO ANN		3.2 N	AME						
STREET ADDRESS	226 S. HIGHLAND AVENUE			TREET A	DDRESS					ı
CITY-ST-ZIP	WINTER GARDEN FL	P-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		HTY-ST	- ZIP	- MARINE	☐ Ch		Addition	-{
TITLE	VD	DELETE	4.5 TO					arific	☐ Vacation	
NAME	SHIRLEY, PAUL			NAME						
STREET ADDRESS	1665 SPRING RIDGE CIRCLE WINTER GARDEN FL				DDRESS				-	+
CITY-ST-ZIP	TD WINTER CARDEN FL	DELETE	5.1 Ti	ITY-ST-	· ZIP		☐ Ch	ange	Addition	┨
TITLE NAME	KING, EDWARD		5.2 NAM				_			
STREET ADDRESS	30 W. SMITH STREET				DORESS					
CHY-ST-ZIP	WINTER GARDEN FL		5.4 CITY							_
TITLE	SD						Ch	ange	Addition	-
NAME	BEKEMEYER, GEORGE		62 N	IAME						
STREET ADDRESS	1055 STORY ROAD		635	TREET A	DORESS					
CITY-ST-ZIP	WINTER GARDEN FL	tale and a place to a set to a set of the	6.4 C	ITY-ST	-ZIP	or the exemption stated in Section 119.	77(3)(k) Florida	Statute	s I further	$\dashv$
14 Ido herek	ny certity that the information supplied	with this filing is voluntarily turn	ished biid	UUUUS	HOLIQUARRY TO	י פון דווטיטסט ווויטטטטט פוטויטוטאט סוט וע	or tolkal i kninga.			- 1

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_

Ling EDWARD L.KING
TED NAME OF PIGNING OFFICER OR DIRECTOR

4/16/91 407-656-3233 Date Daytine Phone i