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Mar 16 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 # **N94000005461 (8)**

1. Corporation Name

WINTER GARDEN LIONS CLUB, INC.



Principal Place of Business 120 SO. DILLARD STREET WINTER GARDEN FL 34777-0757	Mailing Address POST OFFICE BOX 770757 WINTER GARDEN FL 34777-0757
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3. Date Incorporated or Qualified 11/02/1994
4. FEI Number 59-6151298
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 25	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KING, EDWARD L 120 SO. DILLARD STREET WINTER GARDEN FL 34787	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVINE, BILL	1.2 NAME	HAGEN, BOB
STREET ADDRESS	40 W SMITH ST	1.3 STREET ADDRESS	471 CHARLOTTE ST
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNIS, DAN	2.2 NAME	
STREET ADDRESS	214 N DILLARD SR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACEY, JO ANN	3.2 NAME	WILSEN, FRED
STREET ADDRESS	228 S. HIGHLAND AVENUE	3.3 STREET ADDRESS	P.O. BOX 770757
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	WINTER GARDEN, FL 34777
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOSSETT, GENE	4.2 NAME	RICE, KEN
STREET ADDRESS	4088 ROSE PTEAL	4.3 STREET ADDRESS	7 AZALEA DR.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, EDWARD	5.2 NAME	
STREET ADDRESS	10 E SMITH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCWILLIAMS, JOYCE	6.2 NAME	ANNIS, GAY
STREET ADDRESS	302 W TILDEN ST	6.3 STREET ADDRESS	214 N. DILLARD ST
CITY-ST-ZIP	WINTER GARDEN FL	6.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787

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 in an attachment with an address.

SIGNATURE _____ DATE **3/9/98**

CR2E037 (10/97)