

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 23, 1999 8:00 am  
Secretary of State

07-23-1999 90007 017 \*\*\*\*61.25

DOCUMENT # N94000005461

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/02/1994

4. FEI Number

59-6151298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KING, EDWARD L  
120 SO. DILLARD STREET  
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10 E. SMITH ST

83

84 City  
WINTER GARDEN

FL

85 Zip Code  
34787

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

TITLE PD  
NAME HAGEN, BOB  
STREET ADDRESS 471 CHARLOTTE ST  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ DELETE

TITLE VD  
NAME ANNIS, DAN  
STREET ADDRESS 214 N DILLARD SR  
CITY-ST-ZIP WINTER GARDEN FL ☒ DELETE

TITLE VD  
NAME WILSEN, FRED  
STREET ADDRESS P O BOX 770757  
CITY-ST-ZIP WINTER GARDEN FL 34777 ☒ DELETE

TITLE VD  
NAME RICE, KEN  
STREET ADDRESS 7 AZALEA DR  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ DELETE

TITLE TD  
NAME KING, EDWARD  
STREET ADDRESS 10 E SMITH ST  
CITY-ST-ZIP WINTER GARDEN FL ☐ DELETE

TITLE SD  
NAME ANNIS, GAY  
STREET ADDRESS 214 N DILLARD ST  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME ANNIS, DAN  
1.3 STREET ADDRESS 214 N. DILLARD ST.  
1.4 CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Change ☒ Addition

2.1 TITLE V  
2.2 NAME KING, EDWARD  
2.3 STREET ADDRESS 10 E. SMITH ST  
2.4 CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Change ☒ Addition

3.1 TITLE VD  
3.2 NAME HOLLAND, VERNE  
3.3 STREET ADDRESS 103 MANDARIN RD  
3.4 CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Change ☒ Addition

4.1 TITLE VD  
4.2 NAME IRVINE, BILL  
4.3 STREET ADDRESS 40 W. SMITH ST  
4.4 CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Change ☒ Addition

5.1 TITLE TD  
5.2 NAME KING, EDWARD  
5.3 STREET ADDRESS 10 E. SMITH ST.  
5.4 CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ Change ☐ Addition

6.1 TITLE SD  
6.2 NAME VAN KUREN, MARY  
6.3 STREET ADDRESS 1581 BLACKWOOD AVE  
6.4 CITY-ST-ZIP WINTER GARDEN FL 34734 ☐ Change ☒ Addition

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:

SIGNATURE REQUIRED  
EDWARD L KING  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/99 407-654-9430

CR2E037 (5/99)