

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001533 (7)

1. Corporation Name

INVERNESS LIONS CHARITIES, INC.



Principal Place of Business

Mailing Address

5976 E. DELL LANE
INVERNESS FL 34452

5976 E. DELL LANE
INVERNESS FL 34452

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3181382

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOJCIELEWICZ, RAYMOND J
5976 E. DELL LANE
INVERNESS FL 34452

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.

Raymond J. Wojciulewicz Feb. 7, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
WOJCIELEWICZ, MARTHA
STREET ADDRESS
5976 E. DELL LANE
CITY-ST-ZIP
INVERNESS FL 34452

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
CLOWARD, G. LEE
STREET ADDRESS
5189 S. ROBERT BLAKE AVENUE
CITY-ST-ZIP
INVERNESS FL 34452

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SD
Gregory Martin, Sr.
201 Blanche St.
Inverness, FL 34452

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
KARNES, WILLIAM
STREET ADDRESS
811 LONGFELLOW AVENUE
CITY-ST-ZIP
INVERNESS FL 34450

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
TD
Michael Messina
1229 E. Bismark St.
Hernando, FL 34442

TITLE ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME
GARRECHT, ARTHUR
STREET ADDRESS
6094 E. CALICO LANE
CITY-ST-ZIP
INVERNESS FL 34452

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VD
Patricia Saari
1601 S. Canary Terr.
Inverness, FL 34450

TITLE ☒ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME
ADCOX, LARRY J
STREET ADDRESS
10203 S. QUARTERHORSE AVENUE
CITY-ST-ZIP
FLORAL CITY FL 34436

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Marie Beamer
219 N. Argyl St.
Inverness, FL 34450

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
SAARI, PATRICIA
STREET ADDRESS
1601 CANARY TERRACE
CITY-ST-ZIP
INVERNESS FL 34450

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
3rd VP eliminated

14. I do hereby 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: Martha Wojciulewicz Martha Wojciulewicz 2/7/96 352-344-8103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)