

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34452-7041**



2. Principal Place of Business

2a. Mailing Address

21 201 BLANCHE STREET

26 201 BLANCHE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 INVERNESS FL

28 INVERNESS, FL

Zip

Country

Zip

Country

24 34452

25 USA

29 34452

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/03/1995

3a. Date of Last Report
02/16/1996

4. FEI Number

59-3181382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **GREGORY C. MARTIN, SR**

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

201 BLANCHE ST.

83

84 City **INVERNESS**

FL

85 Zip Code **34452**

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 *Gregory C. Martin, Sr.* **GREGORY C. MARTIN, SR CLUB SECRETARY 4-12-97**

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

TITLE **SD** ☐ DELETE
NAME **MARTIN, GREGORY SR**
STREET ADDRESS **201 BLANCHE ST**
CITY - ST - ZIP **INVERNESS FL**

TITLE **TD** ☒ DELETE
NAME **MESSINA, MICHAEL**
STREET ADDRESS **1229 E BISMARCK ST**
CITY - ST - ZIP **HERNANDO FL**

TITLE **VD** ☒ DELETE
NAME **SAARI, PATRICIA**
STREET ADDRESS **1601 S CANARY TERR**
CITY - ST - ZIP **INVERNESS FL**

TITLE **VD** ☒ DELETE
NAME **BEAMER, MARIE**
STREET ADDRESS **219 N ARGYL ST**
CITY - ST - ZIP **INVERNESS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **PAUL GIBSON**
1.3 STREET ADDRESS **661 NORTH WOODLAKE AVE.**
1.4 CITY - ST - ZIP **INVERNESS, FL 34463**

2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME **LEE CLOWARD**
2.3 STREET ADDRESS **5189 G. ROBERT BLAKE AVE.**
2.4 CITY - ST - ZIP **INVERNESS, FL 34452**

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **RAYMOND MORRIS**
3.3 STREET ADDRESS **1404 W. INVERNESS BLVD**
3.4 CITY - ST - ZIP **INVERNESS, FL 34452**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Gregory C. Martin, Sr.* **GREGORY C. MARTIN, SR Secretary 4-12-97 (352) 637-4023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0065306**

CR2E037 (9/96)