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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001533

1. Corporation Name

INVERNESS LIONS CHARITIES, INC.

Principal Place of Business

518 ELLA AVE.
 INVERNESS FL 34452
 US

Mailing Address

P.O. BOX 295
 INVERNESS FL 34452



2. Principal Place of Business

21 **Highland Terrace**
 Suite, Apt. #, etc.
 22 **700 Medical Court East**
 City & State
 23 **INVERNESS FL**
 Zip Country
 24 **34452** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

59-3181382

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

EHRESMAN, MARY
316 RED ROSE LANE
INVERNESS FL 34452

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 *Mary Ehresman*
 Signature, typed or printed name of registered agent and title if applicable.

MARY EHRESMAN - D

2/20/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, PAUL	
STREET ADDRESS	661 N WOODLAKE AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, RAYMOND	
STREET ADDRESS	404 W INVERNESS BLVD	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CLOWARD, LEE	
STREET ADDRESS	5189 S ROBERT BLAKE AVE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREICHUK, SARAH	
STREET ADDRESS	1112 E. BUCKNELL AVE.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	EMERSON, BOB	
STREET ADDRESS	4122 S. BIG AL PT.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DO GREGORY ANDREICHUK	
1.3 STREET ADDRESS	1112 E BUCKNELL AVE	
1.4 CITY-ST-ZIP	INVERNESS FL 34450	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOB EHRESMAN	
2.3 STREET ADDRESS	316 Red Rose Lane	
2.4 CITY-ST-ZIP	INVERNESS FL 34452	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Emerson Bob	
5.3 STREET ADDRESS	4122 S. Big Al Pte	
5.4 CITY-ST-ZIP	INVERNESS FL 34452	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARY + EHRESMAN	
6.3 STREET ADDRESS	316 Red Rose Lane	
6.4 CITY-ST-ZIP	INVERNESS FL 34452	

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: *Mary Ehresman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 352 341 2063
 Date Daytime Phone #

CR2E037-(11/98)