

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001843 (0)

1. Corporation Name

THE LONGWOOD-LAKE MARY LIONS CLUB FOUNDATION, IN  
C.

Principal Place of Business

657 E. WARREN AVENUE  
LONGWOOD FL 32750-5378

Mailing Address

657 E. WARREN AVENUE  
LONGWOOD FL 32750-53783. Date Incorporated or Qualified  
04/13/19953a. Date of Last Report  
04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 Country

4. FEI Number

59-3312635

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

## 9. Name and Address of Current Registered Agent

WORKMAN, GYLE  
657 E. WARREN AVENUE  
LONGWOOD FL 32750-5378

## 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

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	D	<input type="checkbox"/> DELETE
NAME	ROCKEY, STAN	
STREET ADDRESS	118 QUAIL RIDGE COURT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKENNA, JIM	
STREET ADDRESS	968 LOGANBERRY TR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHEIRMAN, JOHN	
STREET ADDRESS	433 SUN LAKE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32748	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WORKMAN, LOIS	
STREET ADDRESS	657 E WARREN AVE	
CITY-ST-ZIP	LONGWOOD FL 32750-5378	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, LYLE	
STREET ADDRESS	971 SILVERTON LOOP	
CITY-ST-ZIP	LAKE MARY FL 32748	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WORKMAN, GYLE	
STREET ADDRESS	657 E WARREN AVE	
CITY-ST-ZIP	LONGWOOD FL 32750	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V James Kennedy
2.3 STREET ADDRESS	1038 Chatam Pines Cir. #106
2.4 CITY-ST-ZIP	Winter Springs, FL 32708
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P John Scheirman
3.3 STREET ADDRESS	952 Birdbay Court #202
3.4 CITY-ST-ZIP	Lake Mary, FL 32746
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Dot Myers
4.3 STREET ADDRESS	5428 Pecos Street
4.4 CITY-ST-ZIP	Orlando, FL 32807
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Ruth Hurd
5.3 STREET ADDRESS	96 Hacienda Village
5.4 CITY-ST-ZIP	Winter Springs, FL 32708
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gyle E. Workman

Date

Daytime Phone # 0013901

CR2E037 (9/96)