

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90286 027 \*\*\*\*61.25

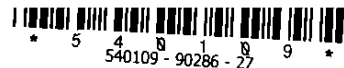
**DOCUMENT # N95000001843**

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 32750-5378**



2. Principal Place of Business

**21 657 E. Warren Avenue**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 City & State**

**27 City & State**

City & State

**23 Zip Country**

**28 Zip Country**

Zip Country

**24 25 29 30**

Zip Country

3. Date Incorporated or Qualified

**04/13/1995**

4. FEI Number

**59-3312635**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE ☐ DELETE

**S  
NAME MCKENNA, BARBARA  
STREET ADDRESS 16 WINDING RIDGE RD  
CITY-ST-ZIP CASSELBERRY FL 32707**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**V  
NAME KENNEDY, JAMES  
STREET ADDRESS 1038 CHATAM PINES CIR # 106  
CITY-ST-ZIP WINTER SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME SCHEIRMAN, JOHN  
STREET ADDRESS 952 BIRDBAY CT #202  
CITY-ST-ZIP LAKE MARY FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**P  
NAME MYERS, DOT  
STREET ADDRESS 5428 PECOS ST  
CITY-ST-ZIP ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME HURD, RUTH  
STREET ADDRESS 96 HACIENDA VILLAGE  
CITY-ST-ZIP WINTER SPRINGS FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**T  
NAME WORKMAN, GYLE  
STREET ADDRESS 657 E WARREN AVE  
CITY-ST-ZIP LONGWOOD FL 32750**

6.1 TITLE ☐ 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:** *Gyle E. Workman* **Gyle E. Workman 5/1/99 (407)862-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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