FILE NOW: FILING FEE IS \$61.25				FILED	
COR	DNPROFIT RPORATION JAL REPORT		e Harris	May 05, 1999 8:00 am Secretary of State	0086405
1999 DIVISION OF CORPORATIONS				05-05-1999 90189 013 ****61.25	
DOCUMENT # N9500002282					
THE MURDOCK LIONS CLUB, INC.) (BEII) BIEID (BIEI DINE HON BEN BEN ING	
					-
Principal Place of Business Mailing Address					ļ,
P.O. BOX 478 P.O. BOX 478 MURDOCK FL 33938 MURDOCK FL 33938					Ì
				i. 1863)liði and læsat svilt bætti gætti fætti sætta sins vinst kann sætte list. Inæs	
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21		26		05/10/1995	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For 65-0593022 Not Applicable	
City & State	e	City & State		5. Certifcate of Status Desired \$8.75 Additional Fee Required	;
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing \$5.00 May Be	Ì
24	9. Name and Address of Curren		30	Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent	l l:
			81 Name	T	ľ
				Address (P.O. Box Number is Not Acceptable)	ľ
12538 S.W. KINGSWAY CIRCLE 83 83					
LAKE SUZY FL 34266 B4 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.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98)
TTTLE			1.1 TITLE 1.2 NAME	· · · · ·	- 11
NAME STREET ADDRESS	DENATALE, CHARLES 1515 FOREST NELSON BLVD E	BLD M 207	1.3 STREET ADDRESS	12538 S.W. Kingsway Cir. # 1302	E037
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP	Lake Suzy, FL. 34266	CR2
	s Hill, Marie E.		2.1 TITLE 2.2 NAME	Change Addition	Ĭ
STREET ADORESS	319 KINDRED BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	TD X Change Addition	1
TITLE NAME	TD D'ANIELLO, NILA		3.1 TITLE 3.2 NAME	Charles Denatale	
STREET ADDRESS	1081 WINDSOR TERR.		3.3 STREET ADDRESS	1515 Forrest Nelson Blvd. Bld.M207 Port Charlotte, FL. 33952	
CITY-ST-ZIP TITLE	PORT CHARLOTTE FL		3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition	ł
NAME	SLAVER, MARLENE		4. 2 NAME		
STREET ADDRESS	12538 S.W. KINGSWAY CIRCLE	E, UNIT 1302	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKE SUZY FL		4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition	
NAME	GAMBLE, DOROTHY		5.2 NAME		
STREET ADDRESS CITY-ST-ZIP	3383 NE BROOKLYN AVE. PT. CHARLOTTE FL 33952		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE			6.1 TILE	Change Addition	
NAME			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
14. i hereby o indicated	on this annual report or supplemental	annual report is true and accur	ate and that my sign	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature 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: John SieaverTURE RECUERED Leve 4/29/99 941-629-2982					