

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005597 (8)

1. Corporation Name

THE CAPE CORAL CENTRAL LIONS CLUB, INC.

Principal Place of Business

P.O. BOX 150129
CAPE CORAL FL 33915

Mailing Address

P.O. BOX 150129
CAPE CORAL FL 33915



3. Date Incorporated or Qualified
11/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0432579

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLAGHER, TIMOTHY
1427 SE 22 ST.
CAPE CORAL FL 33990**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT/DIRECTOR** ☐ DELETE

NAME **JOAN BLOCK**

STREET ADDRESS **111 S.W. 39 ST.**

CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **V-PRESIDENT/DIRECTOR** ☐ DELETE

NAME **LORRAINE SMITH**

STREET ADDRESS **4307 SW 2nd AVE**

CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **DIRECTOR** ☐ DELETE

NAME **PAUL F. BLOCK**

STREET ADDRESS **111 S.W. 39TH ST.**

CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **DIRECTOR** ☐ DELETE

NAME **ALLAN EDWARDS**

STREET ADDRESS **12661 CHARTWELL DRIVE**

CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **DIRECTOR** ☐ DELETE

NAME **DON FRITTS**

STREET ADDRESS **1101 S.E. 29TH TER.**

CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **DIRECTOR** ☐ DELETE

NAME **DICK ZOGBY**

STREET ADDRESS **2109 S.E. 19TH AVE.**

CITY-ST-ZIP **CAPE CORAL, FL 33990**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James H Smith

JAMES H SMITH 2-21-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)