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FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005678 (6)

1. Corporation Name

THE ARCADIA LIONS CLUB, INC.



Principal Place of Business

Mailing Address

30466 CEDAR RD  
PUNTA GORDA FL 33992-330830466 CEDAR RD  
PUNTA GORDA FL 33992-33083. Date Incorporated or Qualified  
11/29/19953a. Date of Last Report  
05/01/1996

4. FEI Number

65-0626376

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1884

26 Suite, Apt. #, etc.

22 Arcadia FL

27 Suite, Apt. #, etc.

23 City &amp; State

28 City &amp; State

24 Zip

29 Zip

25 Country

30 Country

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

10. Name and Address of New Registered Agent

MCCARTHY, SAMUEL  
90 KENTUCKY AVE  
ARCADIA FL 33821-4222

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCCARTHY, SAMUEL  
STREET ADDRESS 90 KENTUCKY AE.  
CITY - ST - ZIP ARCADIA FL1.1 TITLE PD  
1.2 NAME Frederick A. Bechtold  
1.3 STREET ADDRESS 17 W Walnut St.  
1.4 CITY - ST - ZIP Arcadia, FL 34266TITLE DVP  
NAME BECHTOLD, FRED  
STREET ADDRESS 17 W. WALNUT ST.  
CITY - ST - ZIP ARCADIA FL2.1 TITLE Paula O'Neil DVP  
2.2 NAME  
2.3 STREET ADDRESS 404 E. Oak Street  
2.4 CITY - ST - ZIP Arcadia, FL 34266TITLE DT  
NAME O'NEAL, ROBERT  
STREET ADDRESS 404 E. OAK STREET  
CITY - ST - ZIP ARCADIA FL3.1 TITLE DT  
3.2 NAME Newt Keen  
3.3 STREET ADDRESS 4046 NW Florida Ave  
3.4 CITY - ST - ZIP Arcadia, FL 34266TITLE DS  
NAME MATO, EDGAR  
STREET ADDRESS 30466 CEDAR ROAD  
CITY - ST - ZIP PUNTA GORDA FL4.1 TITLE DS  
4.2 NAME Shinky McCanthy  
4.3 STREET ADDRESS 90 Kentucky Ave  
4.4 CITY - ST - ZIP Arcadia, FL 34266TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
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

2/4/97

941 494 6752

CR2E037 (9/96)