

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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

PO BOX 1884
ARCADIA FL 34265
US

PO BOX 1884
ARCADIA FL 34265
US

3. Date Incorporated or Qualified

11/29/1995

4. FEI Number

65-0626376

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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	DS	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, SHIRLEY	
STREET ADDRESS	90 KENTUCKY AVE.	
CITY-STATE-ZIP	ARCADIA FL	
TITLE	Board & VP	<input type="checkbox"/> DELETE
NAME	BECHTOLD, FRED	
STREET ADDRESS	17 W. WALNUT ST.	
CITY-STATE-ZIP	ARCADIA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ONEIL, PAULA	
STREET ADDRESS	404 E. OAK STREET	
CITY-STATE-ZIP	ARCADIA FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	KEEN, NEWT	
STREET ADDRESS	4008 NW FLORIDA AVE	
CITY-STATE-ZIP	ARCADIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH BECHTOLD	
1.3 STREET ADDRESS	1918 SE PLUM DR.	
1.4 CITY-STATE-ZIP	ARCADIA, FL 34266	
2.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAM MCCARTHY	
2.3 STREET ADDRESS	90 KENTUCKY AVE	
2.4 CITY-STATE-ZIP	ARCADIA, FL 34266	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 17 1998 8:00am
Secretary of State



CR2E037 (5/98)