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03-06-1999 90035 047 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000005678

1. Corporation Name

THE ARCADIA LIONS CLUB, INC.

Principal Place of Business

PO BOX 1884  
ARCADIA FL 34265  
US

Mailing Address

PO BOX 1884  
ARCADIA FL 34265  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/29/1995

4. FEI Number

65-0626376

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

9. Name and Address of Current Registered Agent

MCCARTHY, SAMUEL  
90 KENTUCKY AVE  
ARCADIA FL 33821-4222

10. Name and Address of New Registered Agent

81 Name

BELL, RALPH

82 Street Address (P.O. Box Number is Not Acceptable)

1928 SE PLUM DR

83

84

City

ARCADIA

FL

85

Zip Code

34266

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

*Ralph Bell*  
Signature, typed or printed name of registered agent and title if applicable.

*Ralph Bell*  
(NOTE: Registered Agent signature required when reinstating)

1/28/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE DT ☐ DELETE

NAME BELL, RALPH  
STREET ADDRESS 1928 SE PLUM DR  
CITY-ST-ZIP ARCADIA FL 34266

TITLE V ☐ DELETE

NAME BECHTOLD, FRED  
STREET ADDRESS 17 W. WALNUT ST.  
CITY-ST-ZIP ARCADIA FL

TITLE DS ☒ DELETE

NAME MCCARTHY, SAN  
STREET ADDRESS 90 KENTUCKY AVE  
CITY-ST-ZIP ARCADIA FL 34266

TITLE PD ☐ DELETE

NAME KEEN, NEWT  
STREET ADDRESS 4096 NW FLORIDA AVE  
CITY-ST-ZIP ARCADIA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

*Ralph Bell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99  
Date

Daytime Phone #

CR2E037 (11/98)