

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005778 (4)

1. Corporation Name

THE LAKE WALES/TIGER LAKE LIONS CLUB, INC.



Principal Place of Business

Mailing Address

**PO BOX 7451
INDIAN LAKE ESTATES FL 33855-7451**

**PO BOX 7451
INDIAN LAKE ESTATES FL 33855-7451**

3. Date Incorporated or Qualified

3a. Date of Last Report

12/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

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

**DUSTIN, ELAINE S
301 VALENCIA DR.
INDIAN LAKE ESTATES FL 33855**

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **President / Director** ☒ Change ☐ Addition
1.2 NAME **Herman Hempel**
1.3 STREET ADDRESS **2004 Rosalie Lake Rd**
1.4 CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **Vice President / Director** ☒ Change ☐ Addition
2.2 NAME **Chester Faltier**
2.3 STREET ADDRESS **2023 Rosalie Lake Rd**
2.4 CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **Secretary / Director** ☒ Change ☐ Addition
3.2 NAME **Brenda Arcock**
3.3 STREET ADDRESS **PO Box 7812, 109 Park Ave.**
3.4 CITY-ST-ZIP **Indian Lake Est, FL 33858**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **Director** ☒ Change ☐ Addition
4.2 NAME **Elaine S Dustin**
4.3 STREET ADDRESS **301 Valencia Drive**
4.4 CITY-ST-ZIP **Indian Lake Est, FL 33855**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **500001855425** ☐ Change ☐ Addition
5.2 NAME **-06/07/96--01033--041**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Elaine S Dustin, Director Elaine S. Dustin 4/22/96 941-692-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)