FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #Corporation Name N95000005878 (2)

LIONS CLUB COMMUNITY HALL BUILDING, INC.

Principal Place of Business Mailing Address 2405 NORTH ROOSEVELT BLVD. P.O. BOX 132 3. Date Incorporated or Qualified KEY WEST FL 33040 KEY WEST FL 33040 12/13/1995 4. FEI Number Applied For Not Applicable 59-6151274 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ALLEN, JOSEPH B III 82 Street Address (P.O. Box Number is Not Acceptable) 617 WHITEHEAD ST. 83 KEY WEST FL 33040 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 it epplicable. (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NAME **ALLEN, JOE** 1.2 NAME 813 WADDELL AVE. STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE FARKAS, RICHARD NAME 2.2 NAME 20 FLIPPER RD. STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MOORE, HERMAN K NAME 3.2 NAME 1021 JOHNSON ST. STREET ADDRESS 3.3 STREET ADDRESS KEY WEST FL 33040 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ___ Addition TITLE 4.1 TITLE REPPENHAGEN, ART 4. 2 NAME NAME 1418 LAIRD ST. 4.3 STREET ADDRESS STREET ADORESS KEY WEST FL 33040 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5000026248**25**^{6hange} -08/26/98--01004--009 Addition TITLE 5.1 TITLE ADAMS, JIM NAME 5.2 NAME STREET ADDRESS **1025 TERRACE** 5.3 STREET ADDRESS ***61.25 KEY WEST FL 33040 CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE THOMPSON, MERVIN NAME 6.2 NAME STREET ADDRESS 1320 7TH ST. 6.3 STREET ADDRESS KEY WEST FL 33040

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.

CITY-ST-ZIP

SIGNATURE:

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FILED

Aug 25 1998 8:00am

Secretary of State