

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90013 018 ****70.00

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DOCUMENT # N96000001094

1. Corporation Name

LIONS & EAGLES INTERNATIONAL FELLOWSHIP, INC.

Principal Place of Business

1616 ALLISON AVENUE
PANAMA CITY BEACH FL 32408

Mailing Address

1616 ALLISON AVENUE
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

21 1635 Hope Cir.
Suite, Apt. #, etc.

22

City & State

23 P.C., FL

Zip

24 32407

Country

25 USA

2a. Mailing Address

26 P.O. Box 18877
Suite, Apt. #, etc.

27

City & State

28 Panam City Bch., FL

Zip

29 32417

Country

30 USA

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FOWLER, CHARLES III
1616 ALLISON AVENUE
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name

Joshua P. Fowler

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

83 1635 Hope Circle

84 City

Panama City Bch.

FL

85 Zip Code

32407

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)

2-24-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME FOWLER, CHARLES A III
STREET ADDRESS 1616 ALLISON AVENUE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408TITLE VD ☒ DELETE
NAME OWENS, SANDRA
STREET ADDRESS 1616 ALLISON AVENUE
CITY-ST-ZIP PANAMA CITY BEACH FL 32407TITLE D ☒ DELETE
NAME FOWLER, ASHLEY K
STREET ADDRESS 1616 ALLISON AVENUE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE director ☒ Change ☐ Addition
1.2 NAME Joshua P. Fowler
1.3 STREET ADDRESS 1635 Hope Cir.
1.4 CITY-ST-ZIP P.C., FL 324072.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Shonda King
2.3 STREET ADDRESS 4324 W. 20th St. Apt. Q263
2.4 CITY-ST-ZIP Panama City, FL 324053.1 TITLE ~~Asst~~ Director ☒ Change ☐ Addition
3.2 NAME Ashley K. Fowler
3.3 STREET ADDRESS 1635 Hope Cir.
3.4 CITY-ST-ZIP P.C., FL 324074.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99 850-233-5466

Date

Daytime Phone #

CR2E037 (1/98)