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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N96000004673 (7)**

1. Corporation Name

THE LAKE PLACID LIONS CLUB, INC.

Principal Place of Business	Mailing Address
% EUGENE H. NORBERG 302 GRISSOM RD. N.W. LAKE PLACID FL 33852-6835	% EUGENE H. NORBERG 302 GRISSOM RD. N.W. LAKE PLACID FL 33852-6835

3. Date Incorporated or Qualified: 09/05/1996

4. FEI Number: 65-0693314 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 M. Kathleen Schroeder	26 M. Kathleen Schroeder
Suite, Apt. #, etc. 22 242 Central Ave.	Suite, Apt. #, etc. 27 242 Central Ave.
City & State 23 Lake Placid, FL	City & State 28 Lake Placid, FL
Zip 24 33852 Country 25 USA	Zip 29 33852 Country 30 USA

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
NORBERG, EUGENE H 302 GRISSOM RD. NW LAKE PLACID FL 33852-6835	81 Name: M. Kathleen Schroeder 82 Street Address (P.O. Box Number is Not Acceptable): 242 Central Ave. 83 84 City: Lake Placid **FL** 85 Zip Code: 33852

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 M. Kathleen Schroeder DATE 1/7/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NORBERG, EUGENE H		1.2 NAME	SCHROEDER, KATHLEEN	
STREET ADDRESS	302 GRISSOM ROAD NW		1.3 STREET ADDRESS	242 CENRAL AVE.	
CITY-ST-ZIP	LAKE PLACID FL 33852-6835		1.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	DIONNE, PAULINE B		2.2 NAME	GALM, JUDY	
STREET ADDRESS	501 N. MAIN STREET		2.3 STREET ADDRESS	125 14th ST. S.	
CITY-ST-ZIP	LAKE PLACID FL 33852-6835		2.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BREIG, PAULINE		3.2 NAME	BREIG, DOLORES M.	
STREET ADDRESS	102 COUNTRY CLUB DR		3.3 STREET ADDRESS	102 COUNTRY CLUB DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852-6835		3.4 CITY-ST-ZIP	Lake Placid, FL 33852-6835	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERT, MILES		4.2 NAME		
STREET ADDRESS	232 HUNTLEY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852-3835		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THAYER, GLENN R		5.2 NAME		
STREET ADDRESS	100 THAYER LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852-6835		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: M. KATHLEEN SCHROEDER M. Kathleen Schroeder 1/7/98 941-465-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055895