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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N96000004673

1. Corporation Name

THE LAKE PLACID LIONS CLUB, INC.

Principal Place of Business	Mailing Address
242 CENTRAL AVE 302 GRISSOM RD. N.W. LAKE PLACID FL 33852-6835 US	242 CENTRAL AVE 302 GRISSOM RD. N.W. LAKE PLACID FL 33852-6835 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 125 14th Street S	26 125 14th Street S	09/05/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0693314 ☐ Applied For ☐ Not Applicable
City & State 23 Sebring, florida	City & State 28 Sebring, Florida	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33870 25 US	Zip / Country 29 33870 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHROEDER, M K
242 CENTRAL AVE
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name: L.C. Galm
82 Street Address (P.O. Box Number is Not Acceptable): 125 14th Street S.
83
84 City: Sebring **FL** 85 Zip Code: 33870

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: L.C. GALM — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/12/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHROEDER, KATHLEEN 242 CENTRAL AVE LAKE PLACID FL 33852-6835	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD L.C. Galm 125 14th Street S. Sebring, FL 33870	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GALM, JUDY 125 14TH ST S SEBRING FL 33870	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BREIG, DELORES M 102 COUNTRY CLUB DR LAKE PLACID FL 33852-6835	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Norberg, Eugene H. 302 Grissom Road N.W. Lake Placid, FL 33852-6835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMBERT, MILES 232 HUNTLEY DR LAKE PLACID FL 33852-3835	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THAYER, GLENN R 100 THAYER LANE LAKE PLACID FL 33852-6835	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: L.C. Galm NATURE REQUIRED — 1/12/99 — 941-655-2973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #