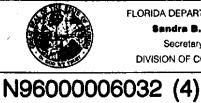
FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT #



MARCO ISLAND LIONS FOUNDATION, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Jun 24 1997 8:00am Secretary of State

No.	 	

Principal Place of Business	Mailing Address		N	
645 YUCCA ROAD NAPLES FL 34069	645 YUCCA ROAD NAPLES FL 34102-5163			
34102			3. Date incorporated or Qualified 11/25/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1 1283 TREASURE CT.	26 POBOX 1	73	59-4417682	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State MARCO SLAND	City & State	10 EI	6. Election Campaign Financing	\$5.00 May Be
Zip Country	ZIP ZIP	Country	Trust Fund Contribution	Added to Fees
1 34146 25 USA		J ~ US/	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes
9. Name and Address of Curre		<u> </u>	10. Name and Address of New Reg	
		81 Nam		
BROWN, WILLIAM F		82 Stree	HOWARD E. RICE et Address (P.O. Box Number is Not Acceptable	
645 YUCCA ROAD	DZ Sile	283 TREASURE CT.	"	
NAPLES FL SAMO 34102		83		
•		84 City		15-11-20-00-0
**		City	MARCO ISLAND	FL 85 Zip Code 34.145
11. Pursuant to the provisions of Sections 617.05	502 and 617.1508, Florida Statutes	, the above-name	ed corporation submits this statement for the pu	rpose of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 617.0503, Flori	inorized by the co da Statutes.	orporation's board of directors. I hereby accept	the appointment as registered
SIGNATURE HOWARD	Rice			
Signature, typed or printed name of registered a			ture required when reinstating)	DATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE PRESIDENT	" D " DELETE	1.1 TITLE		☐ Change ☐ Addition
	BRIDON	1.2 NAME		
STREET ADDRESS 1204 TREASUR	E CT	1.3 STREET ADDRES	\$	
CITY-ST-ZIP MARCO ISLAN		1.4 CITY-ST-ZIP		
HOWARD E. RICE 1283 TREASURE		2.1 TITLE		☐ Change ☐ Addition
	LY GOG KEINING	2.2 NAME -		
1		2.3 STREET ADDRES	S	
TITLE "REACUPER	DELETE	2. 4 CITY-ST-ZIP		Change Addition
HAME EDWARD P. VIGNE	nu "D" Dun	3.1 THE 3.2 NAME		El cumiño El vindingia
STREET ADDRESS 837 OLD MARCO	LN	3.2 NAME 3.3 STREET ADDRES	\$	
CITY-ST-ZIP MARCO ISL FC	24145	3.4. CITY-ST-ZIP	²	
TITLE	DELETE DELETE	4.1 TITLE		Change Addition
NAME	- VP	4. 2 NAME		E CHANGO E FOUNDIT
STREET ADDRESS		4.3 STREET ADDRES	s	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		11 7 7
STREET ADDRESS		5.3 STREET ADDRES	s	3/0/24/92
CITY-ST-ZIP		5.4 CITY-ST-ZIP		1 <i>UJ</i> ~ 71/4
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME	1 50000222	22155
STREET ADDRESS		6.3 STREET ADDRES	50000222 s -06/25/97010	04014
CITY OT THE		C . AUTU AT TIP	###C1 DC	

I do 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 true and execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6 or an attachment with an address.