

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N96000006158 (7)**

1. Corporation Name

**THE ROTONDA WEST LIONS CLUB, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 5255  
GROVE CITY FL 34224****P.O. BOX 5255  
GROVE CITY FL 34224-0255**3. Date Incorporated or Qualified  
**12/02/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 Rotonda West Com. Cen.****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 3899 Cape Haze Dr****27**

City &amp; State

City &amp; State

**23 Rotonda West, Fl.****28**

Zip

Country

Zip

Country

**24 33947****25****Charlotte****29****30**

4. FEI Number

**65-0711524**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDERBURG, JAMES  
9414 HEARTWELLVILLE AVE.  
ENGLEWOOD FL 34224**

81 Name

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

83

84 City

**FL**

85 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Robert F Bonny</b>
1.3 STREET ADDRESS	<b>117 Bunker Rd</b>
1.4 CITY-ST-ZIP	<b>Rotonda West, FL 33947</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D Mel Kugler</b>
2.3 STREET ADDRESS	<b>245 Sportsman Rd</b>
2.4 CITY-ST-ZIP	<b>Rotonda West, FL 33947</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D Rudy Angelo</b>
3.3 STREET ADDRESS	<b>7240 Wicklow LN</b>
3.4 CITY-ST-ZIP	<b>E. Englewood, FL 34224</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

**James vanderburg****4/9/97****941-697-4488**

CR2E037 (9/96)