

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002624 (1)**
1. Corporation Name

LABELLE LIONS FOUNDATION, INC.



Principal Place of Business RD 800-1330 LABELLE FL 33975 JAYCEE - LIONS DRIVE	Mailing Address P O BOX 1338 LABELLE FL 33975
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3. Date Incorporated or Qualified 05/07/1997	
4. FEI Number 65-0751082	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ANDREWS, NORMA J CHAPERAL SLOUGH CR 20-N 2810 CHAPARRAL AVE, S.W. LABELLE FL 33975 33935
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10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D/T/S LEICHT, MARY E
STREET ADDRESS	CHAPERAL SLOUGH CR 20-N P.O. BOX 66 N/A
CITY-ST-ZIP	LABELLE FL 33975 33975
TITLE	<input type="checkbox"/> DELETE
NAME	D/T LEICHT, JACOB
STREET ADDRESS	CHAPERAL SLOUGH CR 20-N P.O. BOX 66 N/A
CITY-ST-ZIP	LABELLE FL 33975 33975
TITLE	<input type="checkbox"/> DELETE
NAME	D ENGLEBRIGHT, RAY
STREET ADDRESS	PORTERFIELD RD
CITY-ST-ZIP	LABELLE FL 33935
TITLE	<input type="checkbox"/> DELETE
NAME	P/D BOB ELLERS
STREET ADDRESS	43 DEBELT CANDLE LIRCLE
CITY-ST-ZIP	LEHIGH ARES, FL 33936
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRAN LINDELMAN
5.3 STREET ADDRESS	P.O. BOX 2715 N/A
5.4 CITY-ST-ZIP	LABELLE, FL 33975
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NORMA J ANDREWS
6.3 STREET ADDRESS	P.O. BOX 245 N/A
6.4 CITY-ST-ZIP	LABELLE, FL 33975

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: **NORMA J ANDREWS 4/2/98 (44)675-1894**

CR2E037 (10/97)