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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002624

1. Corporation Name

LABELLE LIONS FOUNDATION, INC.

Principal Place of Business

33935 JAYCE LIONS DR
LABELLE FL 33975
US

Mailing Address

P O BOX 1338
LABELLE FL 33975



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/07/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0751082
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
30		

9. Name and Address of Current Registered Agent

ANDREWS, NORMA J
CHAPERAL SLOUGH SR 29 N
LABELLE FL 33975

10. Name and Address of New Registered Agent

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	DTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEICHT, MARY E	1.2 NAME	
STREET ADDRESS	POB 66	1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33975	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEICHT, JACOB	2.2 NAME	
STREET ADDRESS	POB 66	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33975	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLEBRIGHT, RAY	3.2 NAME	
STREET ADDRESS	PORTERFIELD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLERS, B	4.2 NAME	EGGERS, BOB
STREET ADDRESS	43 DEBERT CANDLE CIR	4.3 STREET ADDRESS	43 DESERT CANDLE CIRCLE
CITY-ST-ZIP	LEHIGH ACRES FL 33936	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDELMAN, F	5.2 NAME	LINDERMAN, F
STREET ADDRESS	POB 2715	5.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33975	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRES, N J	6.2 NAME	ANDREWS, NJ
STREET ADDRESS	POB 245	6.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33975	6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED: NORMA J ANDREWS

Date

Daytime Phone #

CR2E037-11/98