## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700006053 (9)

THE MAITLAND LIONS FOUNDATION, INC.

**FILED** Apr 20 1998 8:00am Secretary of State

<u></u>													
Principal Place of Business Meiling Address									T TODELLON BAR IDƏLE ADDIL DONLO BOLLO BOLLO	E BONN DENER BLIEF D			
237 LOOKOUT PLACE. SUITE 100 237 LOOKOUT PLACE. SUITI MAITLAND FL 32751 MAITLAND FL 32751					ITE 100	: 100			3. Date Incorporated or Qualified 10/27/1997				
									4. FEI Number	<u> </u>	Appli	ed For	
									59 347 8058		Not A	pplicable	
2. Principal Place of Business				2a. Mailing Address					5. Certificate of Status Desired	<b>\$8.</b>	<b>75</b> Add	ditional	
21 Suite Apt # etc				26							e Requ	ilred	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
City & State				City & State					7. Is this nonprofit corporation a homeowners association?				
23		C	28						☐ Yes 🔀 No				
Zip	<u> </u>	Country	29	¬ ' —			Country		B. This corporation owes or has pald				
24	9. Name and Address of Current			stered Apart				Personal Property Tax due June 30 Yes No  10. Name and Address of New Registered Agent					
a. Italina and Address of Cultain Ragistered Agent							Name						
ICADOI	ALDO					L							
ICARDI, ALDO						82	Street Address (P.O. Box Number is Not Acceptable)						
237 LOOKOUT PLACE, SUITE 100 MAITLAND FL 32751						83	<del></del>						
mai Lau	10 FL 32/31												
						84	City			FL 85	Zip Cod	de	
11. Pursuant	s of Sections 617.050	2 and 61	7.1508, Florida Statut	es, the a	bov	e-named	corpor	ration submits this statement for the purp	nose of changi	ng its re	egistered		
office or i	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: R										DATE			
12.	DD.	OFFICERS AN	D DIREC	DELETE	13.	on t		1	ADDITIONS/CHANGES TO OFFICER VD				
NAME	PD   Elliott, Ja	AOV		otter	•	ITLE		E.	• •	∐ Cha	nge L	X Addition	
STREET ADDRESS	237 LOOK		1.2 NAME 1.3 STREET ADDRESS				llis, Les 50 Nottowey Trail						
CITY-ST-ZIP	MAITLAND		1.4 CITY-ST-ZIP				aitland, FL 32751						
TITLE	VD	IL SELVI		☐ DELETE	2.11		SI-ZIP	VI		Chai	nge f	Addition	
NAME	WHITEFIEL	D. GERRY				IAME		1 -	ckson, Arlis		· .		
STREET ADDRESS		OUT PLACE, SUITE	100	)0					40 S. Orlando Ave I-1				
CITY-ST-ZIP	MAITLAND								Itland. FL 32751				
TITLE	VD			DELETE			3.1 TITLE			Chai	nge [	Addition	
NAME	MARTENS,	ALAN			3.2 N	IAME		Fra	ank Kozumplik				
STREET ADDRESS	237 LOOKOUT PLACE, SUITE 100				3.3 STI				40 Willowbrook Trail			}	
CITY-ST-ZIP	MAITLAND	FL 32751			_		ST-ZIP	Ma:	itland, FL 32751			_	
TITLE	VD .			P DETELE	4.1 T	ITLE		D	_	Chai	uge Ç	Addition	
NAME	ROSSER, L					NAME			arles Barmes				
STREET ADORESS		OUT PLACE, SUITE	100				ADDRESS		l6 Shaffer Trail				
CITY-ST-ZIP TITLE	MAITLAND SD	FL 32/51		DELETE	4.4 C		T-ZIP	D D	iedo, FL 32765	☐ Char	1	Addition	
NAME	REDMOND,	LADDY		- occere	5.1 r			_	n Tilled to a lease		ryc L∕	NOO!00II	
STREET ADDRESS		OUT PLACE, SUITE	100				ADDRESS		n Whitaker 09 Turner Road				
CITY-ST-ZIP	MAITLAND		100				T-ZIP		nter Park, FL 32789				
TITLE	TD	LYCIVI		DELETE	6.1 T	_	I- AIP	WII	iter Fark, FL 32/89	Char	nge T	Addition	
NAME	_	MO, HENRY			6.2 N						·•-		
STREET ADDRESS		OUT PLACE, SUITE	100				ADORESS						
CITY-ST-ZIP	MAITLAND				T.	ITY-S							
14 Lhoroby		formation expedied	AL AL . 411		3.40		2 2 2	<u> </u>					

indicated on this annual report or 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:**