

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756060 (0)

1. Corporation Name
MARCO ISLAND LION'S CLUB, INC.



Principal Place of Business
**606 BALD EAGLE DR., SUITE 500
P.O. BOX ONE
MARCO ISLAND FL 33937**

Mailing Address
**PO BOX ONE
MARCO ISLD FL 33969
US**

3. Date Incorporated or Qualified
01/27/1981

3a. Date of Last Report
06/23/1995

4. FEI Number
59-2103618

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

2. Principal Place of Business
21 []
Suite, Apt. #, etc.
22 []
City & State
23 []
Zip
24 []

2a. Mailing Address
26 []
Suite, Apt. #, etc.
27 []
City & State
28 []
Zip
29 []

Country
25 []
Country
30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODWARD, CRAIG R., ESQ.
606 BALD EAGLE DR., SUITE 500
ISLAND TOWER BLDG.
MARCO ISLAND FL 33937**

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	
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	VIGNEAU, ED
STREET ADDRESS	839 OLD MARCO LANE
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	TO <input type="checkbox"/> DELETE
NAME	BENEDIK, TOM
STREET ADDRESS	351 HENDERSON CT
CITY-ST-ZIP	MARCO ISLD FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GORDON, RONALD
STREET ADDRESS	1204 TRESURE CT
CITY-ST-ZIP	MARCO ISLAND FL
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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOWARD RICE
1.3 STREET ADDRESS	1283 TREASURE CT.
1.4 CITY-ST-ZIP	MARCO ISLAND FL 33937
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ronald F. Gordon

RONALD F. GORDON

2/15/96

941 642-8017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)