


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43295** (7)
1. Corporation Name
BROOKRIDGE LIONS CLUB, INC.

Principal Place of Business 7300 BROOKRIDGE CENTRAL BLVD BROOKSVILLE FL 34613 US	Mailing Address 7300 BROOKRIDGE CENTER BLVD BROOKSVILLE FL 34613 US
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3. Date Incorporated or Qualified 05/06/1991	
4. FEI Number 59-2741110	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE
Suite, Apt. #, etc. 22 //	Suite, Apt. #, etc. 27 //
City & State 23 //	City & State 28 //
Zip 24 //	Country 25 //
Country 29 //	Zip 30 //

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILZ, DONALD R.
9193 ADMIRAL ST.
BROOKSVILLE FL 34613**

81 Name SAME	
82 Street Address (P.O. Box Number is Not Acceptable) //	
83 City //	
84 State FL	85 Zip Code //

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	<input type="checkbox"/> DELETE
NAME BROWN, ROBERT	
STREET ADDRESS 7342 BROOKRIDGE CENTRAL BLVD	
CITY-ST-ZIP BROOKSVILLE FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME MARZULLO, PETER	
STREET ADDRESS 13367 CANDIA ST	
CITY-ST-ZIP SPRING HILL FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME DANIELS, NANCY	
STREET ADDRESS 9163 ADMIRAL ST	
CITY-ST-ZIP BROOKSVILLE FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME MILZ, DONALD RS	
STREET ADDRESS 9193 ADMIRAL ST	
CITY-ST-ZIP BROOKSVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MILZ, MARLENE	
STREET ADDRESS 9193 ADMIRAL ST	
CITY-ST-ZIP BROOKSVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BUCHNER, RUDOLF	
STREET ADDRESS 8088 MORIAH AVE	
CITY-ST-ZIP BROOKSVILLE FL	

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	SAME
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 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 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: **Donald R. Milz** **DONALD R. MILZ** 4/21/98 352-597-4598

CR2E037 (10/97)