FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State
06-10-1999 90054 001 ****61.25

DOCUMENT # N43295

1. Corporation Name
BROOKRIDGE LIONS CLUB INC.
7300 BROOKRIDGE CENTER BLVD,
BROOKSVILLE FL, 34613

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	5/6/91 N43295
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2741110 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DONALD MILZ
9193 ADMIRAL ST.
BROOKSVILLE FL, 34613

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PETER MARZULLO		1.2 NAME		
STREET ADDRESS	13367 CANDIA ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL. 34609		1.4 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NANCY DANIELS		2.2 NAME		
STREET ADDRESS	9163 ADMIRAL ST,		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL. 34613		2.4 CITY-ST-ZIP		
TITLE	TREASURE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DONALD MILZ		3.2 NAME		
STREET ADDRESS	9193 ADMIRAL ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL, 34613		3.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT DAY		4.2 NAME		
STREET ADDRESS	15393 BROOKRIDGE BLVD, E		4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL, 34613		4.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARLENE MILZ		5.2 NAME		
STREET ADDRESS	9193 ADMIRAL ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL, 34613		5.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RUDY BUCHNER		6.2 NAME		
STREET ADDRESS	8088 MORIAH		6.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL, 34613		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: DONALD MILZ Donald Milz 6/1/99 352.597.4598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)