


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # 702766</b>			
1. Entity Name <b>GREATER JACKSONVILLE LIONS CLUBS ASSOCIATION, INC.</b>			
Principal Place of Business <b>10253 BRIARCLIFF RD E JACKSONVILLE FL 32218 US</b>		Mailing Address <b>10253 BRIARCLIFF RD E JACKSONVILLE FL 32218 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>STUART, JOHN B 10253 BRIARCLIFF RD E JACKSONVILLE FL 32218</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	



1st MOORE CR2E037 (10/05)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STUART, JOHN B. 10253 BRIARCLIFF RD E. JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000532113 05/06/06-80073-003 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANDREE, WILLIAM C 4534 SUMMER HAVEN BLVD JACKSONVILLE FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STUART, BARBARA M. 102530 BRIARCLIFF RD JAX FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John B. Stuart* President

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