


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90080 005 ****61.25

DOCUMENT # 726009 1. Entity Name BEVERLY HILLS LIONS CLUB INC					
Principal Place of Business 72 CIVIC CIRCLE BEVERLY HILLS, FL 34465 US			Mailing Address PO BOX 640122 BEVERLY HILLS, FL 34465 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7233426	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIZE, TOM 4254 PIUTE DR BEVERLY HILLS, FL 34465				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISTON, WILLIAM		NAME	GERALD BRADLEY	
STREET ADDRESS	2061 N.W. 18TH STREET		STREET ADDRESS	3130 S. BRYANT ST	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIZE, THOMAS		NAME		
STREET ADDRESS	4254 W. PIUTE DR.		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKER, HENRY		NAME		
STREET ADDRESS	4560 N. MAYWOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIZE, JANET		NAME		
STREET ADDRESS	4254 W PIUTE DR		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPPARD, JANET		NAME	WILLIAM MORRISTON	
STREET ADDRESS	1811 N BALTIC TERRACE		STREET ADDRESS	2061 NW 18th ST	
CITY-ST-ZIP	INVERNESS, FL 34453		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, GEORGE		NAME		
STREET ADDRESS	441 W. BUTTONBUSH ST.		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
12. 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 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: <u><i>Janet Mize, Treas.</i></u> 6/20/05 352-527-0962					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					