FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727771 (8)

1. Corporation Name

MERRITT ISLAND LIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 540664 MERRITT ISLAND FL 32954	P.O. BOX 540664 MERRITT ISLAND FL 32954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1973
3a. Date of Last Report: 02/15/1994
4. FEI Number: 23-7216679 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CREO, JOSEPHINE
1610 JOLSON COURT
MERRITT ISLAND FL 32953

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	CREO, VINCENT	12 NAME	
STREET ADDRESS	1610 JOLSON CT	13 STREET ADDRESS	
CITY-ST-ZIP	MERRIT ISLAND FL	14 CITY-ST-ZIP	
TITLE	RD	21 TITLE	☐ Change ☐ Addition
NAME	FLORES, ROSEMARIE	22 NAME	
STREET ADDRESS	1725 MERRIMAC DR	23 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CREO, JOSEPHINE	32 NAME	
STREET ADDRESS	1610 JOLSON COURT	33 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	JONES, BETTE	42 NAME	
STREET ADDRESS	6550 LITTLETON LN.	43 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LESTER, HOWARD	52 NAME	
STREET ADDRESS	30 ROSILAND CT.	53 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL. FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BELL, FRANK	62 NAME	
STREET ADDRESS	1055 AUDUBON RD.	63 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND	64 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)(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 the 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: Frank Bell 2/12/95 407-452-8518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004470