

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727771** (8)

1. Corporation Name  
**MERRITT ISLAND LIONS, INC.**

Principal Place of Business <b>P.O. BOX 540664 MERRITT ISLAND FL 32954</b>	Mailing Address <b>P.O. BOX 540664 MERRITT ISLAND FL 32954</b>
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3. Date Incorporated or Qualified  
**10/16/1973**

4. FEI Number <b>23-7216679</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CREO, JOSEPHINE  
1610 JOLSON COURT  
MERRITT ISLAND FL 32953**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>CREO, VINCENT</b>	
STREET ADDRESS <b>1610 JOLSON CT</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE <b>RD</b>	<input type="checkbox"/> DELETE
NAME <b>FLORES, ROSEMARIE</b>	
STREET ADDRESS <b>1725 MERRIMAC DR</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>CREO, JOSEPHINE</b>	
STREET ADDRESS <b>1610 JOLSON COURT</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>JONES, BETTE</b>	
STREET ADDRESS <b>6550 LITTLETON LN.</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LESTER, HOWARD</b>	
STREET ADDRESS <b>30 ROSILAND CT.</b>	
CITY-ST-ZIP <b>MERRITT ISL. FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BELL, FRANK</b>	
STREET ADDRESS <b>1055 AUDUBON RD.</b>	
CITY-ST-ZIP <b>MERRITT ISLAND</b>	

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: **Frank N. Bell** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/98 404-452-8518

CR2E037 (10/97)