

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90209 046 ****61.25

DOCUMENT # 727771
1. Entity Name
 MERRITT ISLAND LIONS CLUB
 (INTERNATIONAL)

Principal Place of Business Mailing Address
 NON PROFIT SERVICE ORGANIZATION

947846

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. P.O. BOX 540664
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 MERRITT IS. FL.
Zip **Country** **Zip** **Country**
 32954 U.S.A.

4. FEI Number **Applied For**
 23-7216679 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 JOSEPHINE CREO
 1610 TOLSON CT.
 MERRITT IS. FL. 32953

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	BETTE JONES
STREET ADDRESS	6550 LITTLETON LA.
CITY-ST-ZIP	MERRITT IS. FL 32953
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete
NAME	ROBERT JONES
STREET ADDRESS	6550 LITTLETON LA.
CITY-ST-ZIP	MERRITT IS. FL. 32953
TITLE	TREASURER <input type="checkbox"/> Delete
NAME	FRANK BELL
STREET ADDRESS	1055 AUDUBON RD.
CITY-ST-ZIP	MERRITT IS. FL. 32953
TITLE	SECRETARY <input type="checkbox"/> Delete
NAME	JOSEPHINE CREO
STREET ADDRESS	1610 TOLSON CT.
CITY-ST-ZIP	MERRITT IS FL. 32953
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Josephine Creo (SEC)* 4/19/00 321-459-0963
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)