

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756060 (0)

1. Corporation Name
MARCO ISLAND LION'S CLUB, INC.

Principal Place of Business 606 BALD EAGLE DR., SUITE 500 P.O. BOX ONE MARCO ISLAND FL 33937	Mailing Address PO BOX ONE MARCO ISLD FL 33969 US
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1981	3a. Date of Last Report 03/04/1994
4. FEI Number 59-2103618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WOODWARD, CRAIG R., ESQ.
 606 BALD EAGLE DR., SUITE 500
 ISLAND TOWER BLDG.
 MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	BROWN, BILL 645 YUCCA ROAD MARCO ISLAND FL	1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME ED VIGNEAU	
STREET ADDRESS		1.3 STREET ADDRESS 839 OLD MARCO LANE	
CITY - ST - ZIP		1.4 CITY - ST - ZIP MARCO ISLAND, FL 33937	
TITLE TD	BENEDIK, TOM 351 HENDERSON CT MARCO ISLD FL	2.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE PDS	PARCELLES, ROBERT J., JR 1131 VERNON PLACE MARCO ISLAND FL	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME RONALD GORDON	
STREET ADDRESS		3.3 STREET ADDRESS 1204 TREASURE CT.	
CITY - ST - ZIP		3.4 CITY - ST - ZIP MARCO ISLAND, FL 33937	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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: Ronald F. Gordon **RONALD F. GORDON** 19 MAR. 95 813 642-8017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 President