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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:53

DOCUMENT # 765656 (4)

1. Corporation Name
CRESCENT CITY LIONS CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
910 OAKWOOD ST CRESCENT CITY FL 32112 US	PO BOX 823 CRESCENT CITY FL 32112-0823 US

3. Date Incorporated or Qualified: 11/04/1982
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-6169998 ☐ 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

CLYBURN, LLOYD
110 PEGGY LN
GEORGETOWN FL 32139

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HARRELL, WILLIAM ROGER	1.2 NAME	CARTER, PATRICIA J
STREET ADDRESS	103 PEGGY LN	1.3 STREET ADDRESS	117 PUTTER LANE
CITY-ST-ZIP	GEORGETOWN FL	1.4 CITY-ST-ZIP	FRUITLAND, FL 32112
TITLE	PD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	DREESSEN, JACK D	2.2 NAME	MALINE, JOSEPH
STREET ADDRESS	525 ELM ST	2.3 STREET ADDRESS	202 OCEOLA ST 32112
CITY-ST-ZIP	WELAKA FL	2.4 CITY-ST-ZIP	WHISPERING PINES, CRESCENT CITY FL
TITLE	SD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	CLYBURN, LLOYD	3.2 NAME	STARK, JAMES
STREET ADDRESS	110 PEGGY LANE	3.3 STREET ADDRESS	141 SHELL HARBOR RD
CITY-ST-ZIP	GEORGETOWN FL	3.4 CITY-ST-ZIP	PALATKA FL 32193
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	SEMEL, GEORGE	4.2 NAME	DREESSEN, JACK D
STREET ADDRESS	250 HESS RD	4.3 STREET ADDRESS	525 ELM ST
CITY-ST-ZIP	GEORGETOWN FL	4.4 CITY-ST-ZIP	WELAKA FL 32193
TITLE	VD	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	SHARROW, DON	5.2 NAME	KRAMER, JOHN
STREET ADDRESS	173 KOLSKI DR	5.3 STREET ADDRESS	212 CHARLANE ~~DR~~ EAST
CITY-ST-ZIP	GEORGETOWN FL	5.4 CITY-ST-ZIP	POMONA PARK FL ~~32191~~ 32112
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	FUQUAL, DEWEY	6.2 NAME	SERLET, LOIS D
STREET ADDRESS	1530 C-309	6.3 STREET ADDRESS	201 N LAKE ST
CITY-ST-ZIP	GEORGETOWN FL	6.4 CITY-ST-ZIP	CRESCENT CITY FL 32112

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 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: _____ 01/23/95 904 467 9378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LLOYD CLYUBRN, SECRETARY AND AGENT

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