

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **765656**

(4)

1. Corporation Name

**CRESCENT CITY LIONS CLUB, INC.**

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  
**02/01/1995**

2. Principal Place of Business

21 **930 OAKWOOD ST**

Suite, Apt. #, etc.

22

City & State

23 **CRESCENT CITY FL**

Zip

24 **32112**

Country

25 **PUTNAM**

2a. Mailing Address

26 **P O BOX 823**

Suite, Apt. #, etc.

27

City & State

28 **CRESCENT CITY FL**

Zip

29 **32112**

Country

30 **PUTNAM**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLYBURN, LLOYD  
110 PEGGY LN  
GEORGETOWN FL 32139**

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

| TITLE | NAME             | STREET ADDRESS      | CITY-ST-ZIP         | DELETE                              |
|-------|------------------|---------------------|---------------------|-------------------------------------|
| PD    | CARTER, P J      | 117 PUTTER LANE     | FRUITLAND FL        | <input type="checkbox"/>            |
| VD    | MALINE, JOSEPH   | 202 OCELOA ST       | WHISPERING PINES FL | <input type="checkbox"/>            |
| VD    | STARK, JAMES     | 141 SHELL HARBOR RD | PALATKA FL          | <input type="checkbox"/>            |
| VD    | DREESSEN, JACK D | 525 ELM ST          | WELAKA FL           | <input type="checkbox"/>            |
| TD    | KRAMER, JOHN     | 212 CHARLANE E      | POMONA PARK FL      | <input type="checkbox"/>            |
| D     | SERLET, LOIS     | 201 N LAKE          | CRESCENT CITY FL    | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME          | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP           | Change                              | Addition                            |
|-----------|-------------------|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| PD        | MALINE, JOSEPH    | 202 OCELOA ST      | WHISPERING PINES FL 32112 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| VD        | DREESSEN, JACK D  | 525 ELM ST         | WELAKA FL 32193           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| VD        | BONAPARTE, JASPER | 208 DENVER RD      | CRESCENT CITY FL 32112    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| SD        | MIMMS, MACARTHUR  | 115 DENISON DR     | CRESCENT CITY FL 32112    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D         | EVANS, HELEN      | 011 N PARK ST      | CRESCENT CITY FL 32112    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D         | CARTER, P J       | 117 PUTTER LANE    | FRUITLAND FL 32112        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

904.698.4280

Daytime Phone #

CR2E037 (12/95)