

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90003 010 ****61.25

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DOCUMENT # 765656

1. Corporation Name

CRESCENT CITY LIONS CLUB, INC.

Principal Place of Business

930 OAKWOOD ST
CRESCENT CITY FL 32112
US

Mailing Address

PO BOX 823
CRESCENT CITY FL 32112-0823
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

30

3. Date Incorporated or Qualified

11/04/1982

4. FEI Number

59-6169998

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

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 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	D	<input type="checkbox"/> DELETE
NAME	MALINE, JOSEPH	
STREET ADDRESS	202 OCEOLA ST	
CITY-ST-ZIP	WHISPERING PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MIMS, MAC ARTHUR	
STREET ADDRESS	100 MIMS RD	
CITY-ST-ZIP	CRESENT CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REESE, ROBERT G.	
STREET ADDRESS	205 OCEOLA DR.	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLYBURN, LLOYD E.	
STREET ADDRESS	110 PEGGY LANE	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRAMER, JOHN	
STREET ADDRESS	212 CHARLANE E	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, P J	
STREET ADDRESS	117 PUTTER LANE	
CITY-ST-ZIP	FRUITLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	BONAPARTE, JASPER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS		203 DENVER RD	
1.4 CITY-ST-ZIP		CRESCENT CITY FL 32112	
2.1 TITLE		D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		LARRY FAIVRE	
2.3 STREET ADDRESS		721 ORANGE AVE	
2.4 CITY-ST-ZIP		CRESCENT CITY FL 32112	
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lloyd E. Clyburn 1/2/98

Date

Daytime Phone #

CR2E037 (11/98)