

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90002 019 ****61.25

DOCUMENT # 765656

1. Entity Name

CRESCENT CITY LIONS CLUB, INC.



Principal Place of Business

922 OAKWOOD STREET
CRESCENT CITY FL 32112
US

Mailing Address

PO BOX 823
CRESCENT CITY FL 32112-0823
US

09011100



MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6169998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, CHRISTINE
115 PUTTER LN
CRESCENT CITY FL 32112

Name ~~XXXXXXXXXXXX~~ LLOYD E CLYBURN

Street Address (P.O. Box Number is Not Acceptable)

114 PEGGY LANE

City

GEORGETOWN

FL

Zip Code
32139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LLOYD E CLYBURN

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
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VELTMAN, DEAN	
STREET ADDRESS	232 S, MAIN	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VD	<input checked="" 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	228 PALM AVE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLYBURN, LLOYD E.	
STREET ADDRESS	110 PEGGY LANE	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONAPARTE, JASPER	
STREET ADDRESS	206 GEORGETOWN RD	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CONINGTON, JANET	
STREET ADDRESS	109 LAKE GROVE DR	
CITY-ST-ZIP	CRESCENT CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, ALEXANDER M III	
STREET ADDRESS	217 North PARK ST	
CITY-ST-ZIP	CRESCENT CITY FL 32139	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA J CARTER	
STREET ADDRESS	117 PUTTER LANE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHAFFEY, HUBERT G	
STREET ADDRESS	1517 C RD 309	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	MEHAFFEY, BARBARA VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1517 C RD 309	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRUFF, DALE	
STREET ADDRESS	402 CYPRESS AVE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAIVRE, LARRY	
STREET ADDRESS	827 ORANGE AVE	
CITY-ST-ZIP	CRESCENT CITY FL	

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: LLOYD E CLYBURN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/19/04

386 467 9378

Date

Daytime Phone #