

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

**APPROVED AND FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 765853 (7)  
1. Corporation Name  
**PALM BAY HAPPY LIONS CLUB, INC.**

Principal Place of Business Mailing Address  
P O BOX 0256 PALM BAY FL 32906-7256  
P O BOX 0256 PALM BAY FL 32906-0256 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/23/1982</b>	3a. Date of Last Report <b>01/31/1994</b>
4. FEI Number <b>51-0199137</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FEENEY, JOHN J.  
1499 SAWIN COURT, N.E.  
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name <b>William P. Savio</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>727 James Circle NE</b>
83 City <b>Palm Bay,</b>
84 State <b>FL</b>
85 Zip Code <b>32905</b>

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 *William P. Savio* DATE **4-30-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>HUGHES, ROBERT, C</b>
STREET ADDRESS	<b>1101 SUNSWPT RD NE</b>
CITY - ST - ZIP	<b>PALM BAY, FL 00000</b>
TITLE	<b>P</b>
NAME	<b>BUSLINGER, JOHN M</b>
STREET ADDRESS	<b>349 RILEY AVE, N.E.</b>
CITY - ST - ZIP	<b>PALM BEACH FL</b>
TITLE	<b>VP</b>
NAME	<b>SEGUNA, EDWARD J.</b>
STREET ADDRESS	<b>1399 TILBERG AVE S.E.</b>
CITY - ST - ZIP	<b>PALM BAY FL</b>
TITLE	<b>D</b>
NAME	<b>FEENEY, JOHN J.</b>
STREET ADDRESS	<b>1499 SAWIN COURT N.E.</b>
CITY - ST - ZIP	<b>PALM BAY FL</b>
TITLE	<b>D</b>
NAME	<b>SOTO, JOSE</b>
STREET ADDRESS	<b>120 ELDRON BLVD S.E.</b>
CITY - ST - ZIP	<b>PALM BAY FL</b>
TITLE	<b>D</b>
NAME	<b>RICE, UNA</b>
STREET ADDRESS	<b>950 GRAINGER STREET S.E.</b>
CITY - ST - ZIP	<b>PALM BAY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>William P. Savio</b>
43 STREET ADDRESS	<b>727 James Cir. NE</b>
44 CITY - ST - ZIP	<b>Palm Bay, FL. 32905</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(b), 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: *Robert C. Hughes* DATE: **17 April 95** TELEPHONE: **407-727-3171**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR