FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770932 (2)

1. Corporation Name

HARBOR CITY LIONS CLUB, INC.

Principal Place of Business	Mailing Address
1492 AVOCADO AVE. MELBOURNE FL 32935	1492 AVOCADO AVE. MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1983
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2343035 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT V.

MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 1492 Avocado Avenue
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	P	1.1 TITLE	S	☒ Change ☐ Addition
NAME	DICKS, VERNON L.	1.2 NAME	Iris Brady	
STREET ADDRESS	1220 SUNNYPOINT DR.	1.3 STREET ADDRESS	2272 Colony Drive	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, Fla. 32935	
TITLE	TV	2.1 TITLE	T	☒ Change ☐ Addition
NAME	DOLPH, DORIS	2.2 NAME		
STREET ADDRESS	2201 APPALACHIAN DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STALLINGS, GROVER	3.2 NAME		
STREET ADDRESS	314 BANYAN WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	P	☒ Change ☐ Addition
NAME	SNELLGROVE, KRISTINE	4.2 NAME		
STREET ADDRESS	2045 SEA AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GARNER, CLEVE	5.2 NAME		
STREET ADDRESS	3479 SYLVAN LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WILKISON, HOOD	6.2 NAME	Hubert Wilson	
STREET ADDRESS	7777 MANGO GROVE AVE	6.3 STREET ADDRESS	2260 Columbus St. N.E.	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	Palm Bay, Fla. 32907	

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: Kristine H. Snellgrove, Pres. March 23, 1995 (407) 724-0369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KRISTINE H. SNELLGROVE, PRESIDENT

CONTINUED