

**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 # 770932 (2)

1. Corporation Name

HARBOR CITY LIONS CLUB, INC.



Principal Place of Business

Mailing Address

1492 AVOCADO AVE  
MELBOURNE FL 32935

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MELBOURNE FL 32935

3. Date Incorporated or Qualified: 10/26/1983  
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2343035		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ROBERT V.  
1492 AVOCADO AVENUE  
MELBOURNE FL 32935

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 re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, IRIS	1.2 NAME	Struzinski, Jo Ann
STREET ADDRESS	2272 COLONY DRIE	1.3 STREET ADDRESS	724 Fairhaven St.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLPH, DORIS	2.2 NAME	Brooks, Alden
STREET ADDRESS	2201 APPALACHIAN DR	2.3 STREET ADDRESS	1718 Nicklaus Dr.
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<del>T</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELGROVE, KRISTINE	4.2 NAME	Rothery, Frank
STREET ADDRESS	2045 SEA AVE.	4.3 STREET ADDRESS	1740 Burton Lane
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<del>T</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, HUBERT	6.2 NAME	
STREET ADDRESS	2260 COLUMBUS ST. N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	6.4 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)(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:

*Irish L. Brady*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 March 1996 (407) 254-8135  
Daytime Phone #

CRE037 (12/95)