


FILE NOW: FILING FEE IS \$61.25

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**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770932 (2)
 1. Corporation Name
HARBOR CITY LIONS CLUB, INC.



Principal Place of Business 1492 AVOCADO AVE. MELBOURNE FL 32935	Mailing Address 1492 AVOCADO AVE. MELBOURNE FL 32935
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3. Date Incorporated or Qualified 10/26/1983	Applied For <input type="checkbox"/>
4. FEI Number 59-2343035	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, ROBERT V.
1492 AVOCADO AVENUE
MELBOURNE FL 32935**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BRADY, IRIS
STREET ADDRESS	2272 COLONY DRIE
CITY-ST-ZIP	MELBOURNE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	DICKS, VERNON L.
STREET ADDRESS	1220 SUNNYPPOINT DR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STALLINGS, GROVER
STREET ADDRESS	314 BANYAN WAY
CITY-ST-ZIP	MELBOURNE BCH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BROOKS, ALDEN
STREET ADDRESS	1718 NICKLAUS DR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROTHERY, FRANK
STREET ADDRESS	1740 BURTON LANE
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, HUBERT
STREET ADDRESS	2260 COLUMBUS ST. N.E.
CITY-ST-ZIP	PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kristine H. Snellgrove
1.3 STREET ADDRESS	2045 Sea Ave.
1.4 CITY-ST-ZIP	Indialantic, Fl. 32903
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32935
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32951
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32935
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John A. Apone
5.3 STREET ADDRESS	515 Floyd Bennett Dr.
5.4 CITY-ST-ZIP	Melbourne, Fl. 32901
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32907

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.

SIGNATURE: *Alden E Brooks* **ALDEN E. BROOKS** 1/22/98

CR2E037 (10/97)