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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03361

1. Corporation Name

TOWN AND COUNTRY LIONS CLUB, INC.

Principal Place of Business

% DUANE E. GROSE
 354 GREGORY ROAD
 WEST PALM BEACH FL 33405-4910

Mailing Address

% DUANE E. GROSE
 354 GREGORY ROAD
 WEST PALM BEACH FL 33405-4910



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/31/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6169864	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GROSE, DUANE E
 354 GREGORY ROAD
 WEST PALM BEACH FL 33405-4910

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	ADAMKO, ED	1.2 NAME	PAUL BRINKMAN
STREET ADDRESS	47 ANDROS ROAD	1.3 STREET ADDRESS	6858 OSBORNE DRIVE
CITY-ST-ZIP	PALM SPRINGS FL 33461	1.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	S	2.1 TITLE	S
NAME	ENGEL, FRED	2.2 NAME	BARBARA ENGEL
STREET ADDRESS	3588 N. LIBBY DRIVE	2.3 STREET ADDRESS	3588 N. LIBBY DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	T	3.1 TITLE	
NAME	GROSE, DUANE	3.2 NAME	
STREET ADDRESS	354 GREGORY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	VP
NAME	TIDWELL, WILLIAM	4.2 NAME	JOYCE WINTER
STREET ADDRESS	4651 BENDEL ST., APT. 5	4.3 STREET ADDRESS	3571 N. LIBBY DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33409	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D	5.1 TITLE	
NAME	BASIL, EMIL	5.2 NAME	
STREET ADDRESS	3074 MEADOW RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	D
NAME	WYGANT, WILLIAM	6.2 NAME	RICHARD THIBODEAU
STREET ADDRESS	1317 N FEDERAL HWY	6.3 STREET ADDRESS	1134A SUMMIT TRAIL CIRCLE
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415

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 with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 25, 1999

561-585-2829

Date

Daytime Phone #

CR2E037 (11/98)