


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04459** (6)

1. Corporation Name

CRYSTAL RIVER LIONS CLUB, INC.

Principal Place of Business

**665 NE HIGHWAY 19
PO BOX 278
CRYSTAL RIVER FL 34423-0278
US**

Mailing Address

**P O BOX 278
CRYSTAL RIVER FL 34423-0278
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1984		3a. Date of Last Report 03/27/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2708468		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEPHENS, HAROLD B. 825 N. CITRUS AVE. CRYSTAL RIVER FL				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUBBLE, ROGER			1.2 NAME	BALLIEN, HERBERT		
STREET ADDRESS	8021 E AQUA VISTA SR.			1.3 STREET ADDRESS	113 N. POMPEO AVE.		
CITY-ST-ZIP	INVERNESS FL			1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREDERICK, STEVEN			2.2 NAME			
STREET ADDRESS	7012 PINEBROOK			2.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYMOND, NORMAN			3.2 NAME			
STREET ADDRESS	5725 EAST AVON			3.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUMAS, BROWN			4.2 NAME			
STREET ADDRESS	291 S. GARDENIA TERRACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUGGINKE, LOWELL L.			5.2 NAME			
STREET ADDRESS	1179 N LION CUB PT			5.3 STREET ADDRESS			
CITY-ST-ZIP	LECANOT FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUGGINK, MARION J			6.2 NAME			
STREET ADDRESS	1179 N LION CUB PT			6.3 STREET ADDRESS			
CITY-ST-ZIP	LECANOT FL			6.4 CITY-ST-ZIP			

14. I do 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

[Signature]

1-1 97 853-744 7510

CR2E037 (9/96)