

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # <b>N04459</b> 1. Corporation Name <b>CRYSTAL RIVER LIONS CLUB, INC.</b>	<b>(6)</b>
------------------------------------------------------------------------------------------	------------



Principal Place of Business <b>865 NE HIGHWAY 19 PO BOX 278 CRYSTAL RIVER FL 34423-0278 US</b>	Mailing Address <b>P O BOX 278 CRYSTAL RIVER FL 34423-0278 US</b>
---------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>07/31/1984</b>
4. FEI Number <b>59-2708468</b>
Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>STEPHENS, HAROLD B. 825 N. CITRUS AVE. CRYSTAL RIVER FL</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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	<input type="checkbox"/> DELETE
NAME	<b>D BALLIEN, HERBERT</b>
STREET ADDRESS	<b>113 N POMPEO AVE</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P FREDERICK, STEVEN</b>
STREET ADDRESS	<b>7012 PINEBROOK</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D RAYMOND, NORMAN</b>
STREET ADDRESS	<b>5725 EAST AVON</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D DUMAS, BROWN</b>
STREET ADDRESS	<b>291 S. GARDENIA TERRACE</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T BRUGGINKE, LOWELL L.</b>
STREET ADDRESS	<b>1179 N LION CUB PT</b>
CITY-ST-ZIP	<b>LECANOT FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BRUGGINK, MARION J</b>
STREET ADDRESS	<b>1179 N LION CUB PT</b>
CITY-ST-ZIP	<b>LECANOT FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BR</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>P Bruggink Lowell L.</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>S</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Lowell L. Bruggink* 4-28-98 252-744-7210

CR2E037 (10/97)