

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90075 030 \*\*\*\*61.25

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|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N04459**

1. Corporation Name

**CRYSTAL RIVER LIONS CLUB, INC.**

Principal Place of Business  
865 NE HIGHWAY 19  
PO BOX 278  
CRYSTAL RIVER FL 34423-0278  
US

Mailing Address  
P O BOX 278  
CRYSTAL RIVER FL 34423-0278  
US

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
\* 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
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|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   |
| 21                             | 26                  | 07/31/1984  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number   |
| 22                             | 27                  | 59-2708468  |
| City & State                   | City & State        | Applied For   |
| 23                             | 28                  | Not Applicable  |
| Zip                            | Country             | 5. Certificate of Status Desired <input type="checkbox"/>                       |
| 24                             | 25                  | \$8.75 - Additional Fee Required  |
| 29                             | 30                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
|                                |                     | \$5.00 May Be Added to Fees   |

9. Name and Address of Current Registered Agent

STEPHENS, HAROLD B.  
825 N. CITRUS AVE.  
CRYSTAL RIVER FL

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   |

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                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BALLIEN, HERBERT                             | 1.2 NAME  |  |
| STREET ADDRESS             | 113 N POMPEO AVE                             | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CRYSTAL RIVER FL                             | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VP <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input 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 checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | RAYMOND, NORMAN                              | 3.2 NAME  | SANDRA PEARCE  |
| STREET ADDRESS             | 5725 EAST AVON                               | 3.3 STREET ADDRESS                                    | 23 S. WASHINGTON ST  |
| CITY-ST-ZIP                | INVERNESS FL                                 | 3.4 CITY-ST-ZIP                                       | BEVERLY HILLS, FL 33461  |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BRUGGINK, L L                                | 5.2 NAME  |  |
| STREET ADDRESS             | 1179 N LION CLUB PT                          | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LECANOT FL                                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input 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 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

Date

Daytime Phone #

CR2E037 (11/98)