
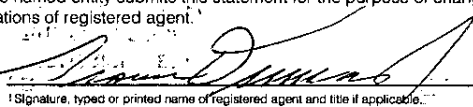


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90001 040 \*\*\*\*61.25

<b>DOCUMENT # N04459</b> 1. Entity Name <b>CRYSTAL RIVER LIONS CLUB, INC.</b>			
Principal Place of Business <del>865 NE HIGHWAY 19</del> <b>109 CRYSTAL ST</b> <b>PO BOX 278</b> <b>CRYSTAL RIVER, FL 34423-0278 US</b>		Mailing Address <b>P O BOX 278</b> <b>CRYSTAL RIVER, FL 34423-0278 US</b>	
2. Principal Place of Business <b>109 CRYSTAL ST</b>		3. Mailing Address <b>P.O. Box 278</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>CRYSTAL River FL</b>		City & State <b>CRYSTAL River FL</b>	
Zip <b>34428</b>		Zip <b>34423</b>	
Country 		Country 	
4. FEI Number <b>59-2708468</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUMAS, BROWN JR</b> <b>291 S GARADENIA TERRACE</b> <b>CRYSTAL RIVER, FL 34429</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <span style="float: right;">2-10-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	DS BALLIEN, HERBERT 113 N POMPEO AVE CRYSTAL RIVER, FL	TITLE	P BALLIEN, HERBERT 113 N POMPEO ST CRYSTAL RIVER, FL 34429
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FREDERICK, STEVEN 7012 PINEBROOK CRYSTAL RIVER, FL	TITLE	D FREDERICK, STEPHEN 7012 W. PINEBROOK ST CRYSTAL RIVER, FL 34429
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT DUMAS, BROWN 291 S. GARDENIA TERRACE CRYSTAL RIVER, FL	TITLE	DT DUMAS, BROWN JR. 291 S. GARDENIA TER CRYSTAL RIVER, FL 34429
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P BRUGGINK, L L 1179 N LION CLUB PT LECANOT, FL	TITLE	PP BRUGGINK, L.L. 1179 N. Lion Club PT LECANOT, FL
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BRUGGINK, MARION J 1179 N LION CLUB PT LECANOT, FL	TITLE	S FREDERICK, VERA 7012 W. Pine Brook St CRYSTAL RIVER, FL 34429
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FREDERICK, VERA 7012 PINEBROOK CRYSTAL RIVER, FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>  <b>Sec.</b>		Date <b>2-20-04</b> Daytime Phone <b>352-795-6639</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			