

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90028 024 ****61.25

DOCUMENT # N04459

1. Entity Name
CRYSTAL RIVER LIONS CLUB, INC.



Principal Place of Business
**109 CRYSTAL ST.
PO BOX 278
CRYSTAL RIVER, FL 34428 US**

Mailing Address
**P O BOX 278
CRYSTAL RIVER, FL 34423 US**

50007627



01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2708468

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUMAS, BROWN JR
291 S GARADENIA TERRACE
CRYSTAL RIVER, FL 34429**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BALLIEN, HERBERT**
STREET ADDRESS **113 N POMPEO AVE**
CITY-STATE-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **FREDERICK, STEVEN**
STREET ADDRESS **7012 W. PINEBROOK ST**
CITY-STATE-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **P** ☐ Change ☒ Addition
NAME **Chandler, Lew**
STREET ADDRESS **7340 W Vineyard Dr**
CITY-STATE-ZIP **Homosassa FL 34448**

TITLE **DT** ☐ Delete
NAME **DUMAS, BROWN**
STREET ADDRESS **291 S. GARDENIA TERRACE**
CITY-STATE-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **S** ☐ Change ☒ Addition
NAME **Chandler, Tonia**
STREET ADDRESS **7340 W Vineyard Dr**
CITY-STATE-ZIP **Homosassa FL 34448**

TITLE **P** ☒ Delete
NAME **BRUGGINK, L L**
STREET ADDRESS **1179 N LION CLUB PT**
CITY-STATE-ZIP **LECANTO, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☒ Delete
NAME **BRUGGINK, MARION J**
STREET ADDRESS **1179 N LION CUB PT**
CITY-STATE-ZIP **LECANTO, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **S** ☐ Delete
NAME **FREDERICK, VERA**
STREET ADDRESS **7012 W. PINEBROOK ST.**
CITY-STATE-ZIP **CRYSTAL RIVER, FL 34429**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

Date

Daytime Phone #