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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05864** (6)

1. Corporation Name

PORT MALABAR "NOONERS" LIONS CLUB, INC.

Principal Place of Business

Mailing Address

2750 SCHOOL DR., NE
P.O. BOX 61476
PALM BAY FL 32906

2750 SCHOOL DR., NE
P.O. BOX 61476
PALM BAY FL 32906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1984

3a. Date of Last Report

04/08/1994

4. FEI Number

50-2609982

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1486 MEADOWBROOK RD NE

26 1486 MEADOWBROOK ROAD NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PO BOX 61476

27 PO BOX 61476

City & State

City & State

23 PALM BAY FL. 32906

28 PALM BAY FL. 32906

Zip

Country

24 32906

25 USA

29 32906

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAME, JAMES J
2750 SCHOOL DRIVE NE
PALM BAY FL 32905

81 Name

LOLL, WILLIAM

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

1486 MEADOWBROOK ROAD NE

83

PALM BAY FLORIDA

84

PALM BAY

FL

32906

85

Zip Code

32906

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

William Loll

(NOTE: Registered Agent signature required when reappointing)

4/24/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME QUIGG, ROBIN
STREET ADDRESS PO BOX 674 NA
CITY - ST - ZIP MELBOURNE FL

11 TITLE VPD
12 NAME DEJOURDAN, FRANK
13 STREET ADDRESS 671 PEBBLE BEACH AVE NE
14 CITY - ST - ZIP PALM BAY, FL 32905

TITLE SD
NAME HAM, JAMES J
STREET ADDRESS 2750 SCHOOL ST., NE
CITY - ST - ZIP PALM BAY FL

21 TITLE SD
22 NAME LOLL, WILLIAM
23 STREET ADDRESS 1486 MEADOWBROOK ROAD NE
24 CITY - ST - ZIP PALM BAY, FL 32905

TITLE TD
NAME PHEGLEY, ROBERT
STREET ADDRESS 530 PORT MALABAR BLVD NE
CITY - ST - ZIP PALM BAY FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE PD
NAME DOBSON, ARTHUR
STREET ADDRESS 221 CAVERN AVE SE
CITY - ST - ZIP PALM BAY FL

41 TITLE PD
42 NAME SINACORE, JOHN
43 STREET ADDRESS 1214 ISLAND GREEN DRIVE NE
44 CITY - ST - ZIP PALM BAY, FL. 32905

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James J. Hain

James J. Hain

April 8, 95 407-723-0843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number