

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05864

(6)

1. Corporation Name

PORT MALABAR "NOONERS" LIONS CLUB, INC.

Principal Place of Business

Mailing Address

1486 MEADOWBROOK RD NE
P.O. BOX 61476
PALM BAY FL 32906
US

1486 MEADOWBROOK ROAD NE
P.O. BOX 61476
PALM BAY FL 32906
US



3. Date Incorporated or Qualified
10/26/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 221 CAVERN AVE SE
Suite, Apt. #, etc.

26 221 CAVERN AVE SE
Suite, Apt. #, etc.

4. FEI Number

Applied For

50-2609982

Not Applicable

22 PO BOX 61476
City & State

27 PO BOX 61476
City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 PALM BAY FL 32906
Zip Country

28 PALM BAY FL 32906
Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32906

25 USA

29 32906

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOLL, WILLIAM
1486 MEADOWBROOK ROAD NE
PALM BAY FL 32906

81 Name

ARTHUR DODSON

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

221 CAVERN AVE SE

83

84 City

PALM BAY

FL

85 Zip Code

32909

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 ARTHUR DODSON

APRIL 30, 1996

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 VD ☒ DELETE
NAME DEJOURDAN, FRAN
STREET ADDRESS 671 PEBBLE BEACH AVE NE
CITY-ST-ZIP PALM BAY FL

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME JOHN SHEARD
1.3 STREET ADDRESS 1549 WALDORF CIRCLE NE
1.4 CITY-ST-ZIP PALM BAY FL 32905

TITLE SD ☒ DELETE
NAME LOLL, WILLIAM
STREET ADDRESS 1486 MEADOWBROOK ROAD NE
CITY-ST-ZIP PALM BAY FL

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME ARTHUR DODSON
2.3 STREET ADDRESS 221 CAVERN AVE SE
2.4 CITY-ST-ZIP PALM BAY FL 32909

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME SINACORE, JOHN
STREET ADDRESS 1214 ISLAND GREEN DRIVE NE
CITY-ST-ZIP PALM BAY FL

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME FREDERICK PURDUM
4.3 STREET ADDRESS 1112 ISLAND GREEN DRIVE NE
4.4 CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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5/1/96

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur Dodson ARTHUR DODSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1996

Date

Daytime Phone #

CR2E037 (12/95)