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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05864** (6)

1. Corporation Name

PORT MALABAR "NOONERS" LIONS CLUB, INC.



Principal Place of Business 221 CAVERN AVE. SE P.O. BOX 61476 PALM BAY FL 32906 US	Mailing Address 221 CAVERN AVE. SE P.O. BOX 61476 PALM BAY FL 32906-1476 US
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3. Date Incorporated or Qualified 10/26/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1425 SCEPTER CT, NE Suite, Apt. #, etc. 22 P.O. BOX 61476 City & State 23 PALM BAY, FL. 32906 Zip 24 32906	2a. Mailing Address 26 P.O. BOX 61476 Suite, Apt. #, etc. 27 - - - - - City & State 28 PALM BAY, FL. Zip 29 32906-1476	Country 25 US	Country 30 U.S.
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4. FEI Number 50-2609982	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DODSON, ARTHUR 221 CAVERN AVE. SE PALM BAY FL 32906	
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10. Name and Address of New Registered Agent 81 Name GEORGE A. SEYFERT 82 Street Address (P.O. Box Number is Not Acceptable) 1425 SCEPTER COURT, NE 83 84 City PALM BAY FL 85 Zip Code 32905	
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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 **SECRETARY GEORGE A. SEYFERT** *George A. Seyfert* **APRIL, 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP SHEARD, JOHN 1549 WALDORF CIR. NE PALM BAY FL 32905	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD DODSON, ARTHUR 221 CAVERN AVE. SE PALM BAY FL 32906	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD PHEGLEY, ROBERT 530 PORT MALABAR BLVD NE PALM BAY FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD PURDUM, FREDERICK 1112 ISLAND GREEN DRIVE NE PALM BAY FL 32905	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP S/D SEYFERT, GEORGE A. 1425 SCEPTER COURT, NE PALM BAY, FL. 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP V/D FRINK, CYNTHIA 1687 AVERY RD, NE PALM BAY, FL. 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

CR2E037 (9/96)