FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMEN	IT#	: NC)58	64
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1. Corporation Name

PORT MALABAR "NOONERS" LIONS CLUB, INC.

Principal Place of Busin
1425 SCEPTOR CT NE
PO BOX 61476
PALM BAY FL 32906
HS.

Mailing Address

PO BOX 61476 PALM BAY FL 20906

FILED Feb 24, 1999 8:00 am § Secretary of State 02-24-1999 90037 026 ****61.25

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Ud								ļ				
2. 21	Principal Place of Busin	ness	2a. 1	Mailing Address				3.	Date Incorporated or Qualifed 10/26/1984			
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.	···				FE1 Number 50-2609982	_	-	Applied For Not Applicable
	City & State			City & State				5.	Certificate of Status Desired		7	75 Additional e Required
23	Zip	Country 25		Zip	30 Cc	ountry		6.	Election Campaign Financing Trust Fund Contribution		•	.00 May Be ded to Fees
9. Name and Address of Current Registered Agent					T	10. Name and Address of New Registered Agent						
-						81	Name	((Same)			
SEYFERT, GEORGE A. 1425 SCEPTOR CT, NE PALM BAY FL 32905			82	Street Addre	ss (P	O. Box Number is Not Accepta	ible)					
			83					<u> </u>				
						84	City			FL	85	Zip Code
11	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 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/CHANG	SES TO OFFICERS A	ND DIRECTOR	RS IN 12		
TITLE	PD	DELETE	1.1 TITLE	PO		Change	1 Addition		
NAME	SHEARD, JOHN		1.2 NAME	FRINK, CYN	THA				
STREET ADDRESS	1549 WALDORF CIR. NE		1.3 STREET ADDRESS	1687 AVERY	RD NE	:	ļ		
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	PALM BAY	FL 329	07_			
TITLE	SD	DELETE	2,1 TITLE		•	Change	Addition		
NAME	SEYFERT, GEORGE A.		2.2 NAME						
STREET ADDRESS	1425 SCEPTOR CT, NE		2.3 STREET ADORESS	·			- 1		
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP	<u>-</u> _		· ·			
TITLE	TD	DELETE	3.1 TITLE	TA	Endus A.	Change	X Addition		
NAME	PHEGLEY, ROBERT		3.2 NAME	SEYFERT, G	CT NE				
STREET ADDRESS	530 PORT MALABAR BLVD NE		3.3 STREET ADDRESS	THEY SURPRE	200				
CITY-ST-ZIP	PALM BAY FL		3.4. CITY-ST-ZIP	DALM BAY	, FC 3	2903			
TITLE	VD	A DELETE	4.1 TITLE	VO.		Change	**************************************		
NAME	FRINK, CYNTHIA		4. 2 NAME	HARBIDGE,	20144	- JR			
STREET ADDRESS	1687 AVERY RD, NE		4.3 STREET ADDRESS	JAIAW ONST	ME CIRCL	EWE			
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	PAUM BA	y, FL 3	2905			
TITLE	1	☐ DELETE	5.1 TITLE		, ,	Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS		•		ļ		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u> </u>				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			62 NAME						
STREET ADDRESS			6.3 STREET ADDRESS			_			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	t in Section 119 07/3\/i\ Florid	 		<u> </u>		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Flonda 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 cath; 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 chapter 6 or on an attachment with an address, with all other like empowered.

SIGNATURE:

407- 723-0930 Daytime Phone #