

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



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

05 FEB 22 AM 8:40

**DOCUMENT # N08139 (0)**  
1. Corporation Name  
**LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O ANTHONY PALOMBO, 1649 SW TAURUS LN, PORT ST. LUCIE FL 34984**  
Mailing Address: **C/O JACK KELLY, 1780 SE ELKHART TER, PT ST LUCIE FL 34952**

3. Date Incorporated or Qualified: **03/14/1985**  
3a. Date of Last Report: **04/12/1994**

4. FEI Number: **51-0153017**  
Applied For:  Not Applicable:

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, City, State, Zip, and Country.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **KELLY, JACK, 1649 SW TAURUS LN, PORT ST. LUCIE FL 34984**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: PALOMBO, ANTHONY STREET ADDRESS: 1649 SW TAURUS LN CITY - ST - ZIP: PORT ST LUCIE FL 34984
TITLE: VD	NAME: SAKOWSKI, THOMAS STREET ADDRESS: 385 NW TYLER AVE CITY - ST - ZIP: PORT ST. LUCIE FL 34983
TITLE: VD	NAME: CRUZ, ROBERT STREET ADDRESS: 768 SE ESSEX DR CITY - ST - ZIP: PORT ST. LUCIE FL 34984
TITLE: VD	NAME: DOG, ELMO STREET ADDRESS: 2411 SE MORINGSIDE BLVD CITY - ST - ZIP: PORT ST. LUCIE FL 34952
TITLE: TD	NAME: FRANK, SIG STREET ADDRESS: 1391 SE MOHAVE CT CITY - ST - ZIP: PORT ST. LUCIE FL 34952
TITLE: SD	NAME: KELLY, JACK STREET ADDRESS: 1780 SE ELKHART TERR CITY - ST - ZIP: PT ST LUCIE FL 34952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>100001413211</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>02/23/95 - 01025 - 001</b>
2.3 STREET ADDRESS	<b>*****61.25 *****61.25</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(a), 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: Sig S. Frank Sig S. Frank 1/20/95 407-386-700  
DATE: \_\_\_\_\_ DATE: \_\_\_\_\_  
OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

LW 2:22 95