

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08139** (0)

1. Corporation Name  
**LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.**



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: **02/22/1995**

2. Principal Place of Business: **21 C/O THOMAS SAKOWSKI, 385 NW TYLER AVE., PORT ST. LUCIE, FL., 34983, U.S.A.**  
2a. Mailing Address: **26 C/O JANICE RICHARDSON, 114 SONETO COURT, PORT ST. LUCIE, FL., 34983, U.S.A.**

4. FEI Number: **51-0153017**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
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 Name: **RICHARDSON, JANICE**  
82 Street Address (P.O. Box Number is Not Acceptable): **114 SONETO COURT**  
83 City: **PORT ST. LUCIE,**  
84 City: **PORT ST. LUCIE,**  
85 Zip Code: **FL 34983**

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: **JANICE RICHARDSON, SECRETARY, Janice Richardson** DATE: **1-24-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	PALOMBO, ANTHONY	
STREET ADDRESS	1649 SW TAURUS LN	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE	VD	<input type="checkbox"/>
NAME	SAKOWSKI, THOMAS	
STREET ADDRESS	385 NW TYLER AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	VD	<input type="checkbox"/>
NAME	CRUZ, ROBERT	
STREET ADDRESS	766 SE ESSEX DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	VD	<input type="checkbox"/>
NAME	DOIG, ELMO	
STREET ADDRESS	2411 SE MORINGSIDE BLVD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/>
NAME	FRANK, SIG	
STREET ADDRESS	1391 SE MOHAVE CT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	SD	<input type="checkbox"/>
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		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	SAKOWSKI, THOMAS		
1.3 STREET ADDRESS	385 NW TYLER AVE		
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL, 34983		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	KELLY, JACK		
2.3 STREET ADDRESS	2672 EMMETT RD.		
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL, 34952		
3.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	POLLACK, LANE		
3.3 STREET ADDRESS	105 SW TODD AVE		
3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL, 34983		
4.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	HOLLINS, DORIS		
4.3 STREET ADDRESS	1792 S.W. COCHRAN AVE.		
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL, 34953		
5.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	WEIERMAN, ALAN		
5.3 STREET ADDRESS	1800 S.W. CAMEO BLVD.		
5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL, 34953		
6.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	RICHARDSON, JANICE		
6.3 STREET ADDRESS	114 SONETO COURT		
6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL, 34983		

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: **Janice Richardson, JANICE RICHARDSON** DATE: **1-24-96** (407)871-1825

CR2E037 (12/95)