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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

 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 SAKOWSKI, THOMAS, 385 NW TYLER AVE, PT. ST. LUCIE FL 34983, US
 Mailing Address: C/O RICHARDSON, JANICE, 114 SONETO CT., PT. ST. LUCIE FL 34983-2031, US

3. Date Incorporated or Qualified: 03/14/1985
 3a. Date of Last Report: 01/31/1996

2. Principal Place of Business: 21 c/o Jack Kelly, 22 2672 Emmett Rd, 23 Port St. Lucie
 2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 Country: US

4. FEI Number: 51-0153017
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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: RICHARDSON, JANICE, 114 SONETO CT., PT. ST. LUCIE FL 34983

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: SAKAWSKI, THOMAS	
STREET ADDRESS: 385 NW TYLER AVE.	
CITY-ST-ZIP: PORT ST LUCIE FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: KELLY, JACK	
STREET ADDRESS: 2672 EMMET RD.	
CITY-ST-ZIP: PORT ST. LUCIE FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: POLLACK, LANE	
STREET ADDRESS: 165 SW TODD AVE.	
CITY-ST-ZIP: PORT ST. LUCIE FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: HOLLINS, DORIS	
STREET ADDRESS: 1792 SW COCHRAN AVE.	
CITY-ST-ZIP: PORT ST. LUCIE FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: WEIERMAN, ALAN	
STREET ADDRESS: 1800 SW CAMEO BLVD.	
CITY-ST-ZIP: PORT ST. LUCIE FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: RICHARDSON, JANICE	
STREET ADDRESS: 114 SONETO CT.	
CITY-ST-ZIP: PT ST LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Jack Kelly	
1.3 STREET ADDRESS: 2672 Emmett Rd	
1.4 CITY-ST-ZIP: Port St. Lucie, FL 34952	
2.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Doris Hollins	
2.3 STREET ADDRESS: 1792 SW Cochran Ave	
2.4 CITY-ST-ZIP: Port St. Lucie, FL 34953-1459	
3.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Robert Cruz	
3.3 STREET ADDRESS: 766 SE Essex Dr	
3.4 CITY-ST-ZIP: Port St. Lucie, FL 34984	
4.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Sig Frank	
4.3 STREET ADDRESS: 1381 SE Mohave Ct.	
4.4 CITY-ST-ZIP: Port St. Lucie, FL 34952	
5.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Carl Hollins	
5.3 STREET ADDRESS: 1792 SW Cochran Ave	
5.4 CITY-ST-ZIP: Port St. Lucie, FL 34953-1459	
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 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.

SIGNATURE: *Carl Hollins* 1/15/97 (561) 879-9676
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071604

032E037 (9/96)