

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 JACK KELLY 2672 EMMETT RD PORT ST LUCIE FL 34952 US	Mailing Address C/O RICHARDSON, JANICE 114 SONETO CT. PT. ST. LUCIE FL 34983 US
---	---

3. Date Incorporated or Qualified 03/14/1985	4. FEI Number 51-0153017	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

2. Principal Place of Business 21 610 Doris Hollins Suite, Apt. #, etc. 22 1792 SW Cochran Ave City & State 23 Port St. Lucie, FL Zip 24 34953 Country 25 USA	2a. Mailing Address 26 610 Shirley Morin Suite, Apt. #, etc. 27 501 SW Dwight Ave City & State 28 Port St. Lucie, FL Zip 29 34983 Country 30 USA
--	---

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Shirley Morin
82 Street Address (P.O. Box Number is Not Acceptable) 501 SW Dwight Ave
83
84 City Port St. Lucie FL 85 Zip Code 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 *Sandra B. Mortham* Secretary (NOTE: Registered Agent signature required when reinstating) DATE 1/13/98

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> DELETE CRUZ, ROBERT 766 SE ESSEX DR PORT ST LUCIE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> DELETE KELLY, JACK 2672 EMMETT RD. PORT ST. LUCIE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> DELETE FRANK, SIG 1381 SE MOHAVE CT PORT ST LUCIE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> DELETE HOLLINS, DORIS 1792 SW COCHRAN AVE. PORT ST. LUCIE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> DELETE HOLLINS, CARL 1792 SW COCHRAN AVE PORT ST LUCIE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> DELETE RICHARDSON, JANICE 114 SONETO CT. PT ST LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Anthony La Lombo 1649 SW Taurus Lane Port St. Lucie, FL 34984
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Edward Huff 411 SW Horseshoe Bay Port St. Lucie, FL 34985
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Anthony Mathony 1492 S.E. Colechester Circle Port St. Lucie, FL 34952
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Shirley Morin 501 SW Dwight Ave Port St. Lucie, FL 34983

14. I 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: *Sandra B. Mortham* **REQUIRE** 1/13/98 561-879-9676

CR2E037 (10/97)