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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08139

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

Principal Place of Business C/O DORIS HOLLINS 1792 S.W. COCHRAN AVE PORT ST LUCIE FL 34953 US	Mailing Address C/O SHIRLEY MORIN 501 S.W. DWIGHT AVE PT. ST. LUCIE FL 34983 US
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2. Principal Place of Business 21 <u>C/o Robert James</u> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/14/1985
22 <u>3777 Sage Court</u> City & State	27 City & State	4. FEI Number 51-0153017 Applied For <input type="checkbox"/> Not Applicable
23 <u>Port St. Lucie, F.</u> Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 <u>34952</u> 25 <u>Florida</u>	29 Zip Country	30 Zip Country
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

MORIN, SHIRLEY 501 S.W. DWIGHT AVE PT. ST. LUCIE FL 34983	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)	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 Shirley Morin DATE 1/5/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALOMBO, ANTHONY	1.2 NAME	VP Albert Reinhart
STREET ADDRESS	1649 S.W. TAURUS LANE	1.3 STREET ADDRESS	1401 SE Cambridge Drive
CITY-ST-ZIP	PORT ST LUCIE FL 34984	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUFF, EDWARD	2.2 NAME	VP Jesse Jo Armell, Jr.
STREET ADDRESS	411 S.W. HORSESHOE BAY	2.3 STREET ADDRESS	801 S. Ocean Dr. Apt. 1204
CITY-ST-ZIP	PORT ST. LUCIE FL 34985	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34945
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHENY, ANTHONY	3.2 NAME	Jacqueline HULL
STREET ADDRESS	1492 S.E. COLCHESTER CIRCLE	3.3 STREET ADDRESS	610 Marion Ave.
CITY-ST-ZIP	PORT ST LUCIE FL 34952	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLINS, DORIS	4.2 NAME	PD Robert James
STREET ADDRESS	1792 SW COCHRAN AVE.	4.3 STREET ADDRESS	3777 Sage Court
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	Port St. LUCIE, F1 34952
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINS, CARL	5.2 NAME	
STREET ADDRESS	1792 SW COCHRAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIN, SHIRLEY	6.2 NAME	
STREET ADDRESS	501 S.W. DWIGHT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34983	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/6/99 DAYTIME PHONE #: 561-579-9676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)