


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90063 006 ****61.25

DOCUMENT # N08139
1. Entity Name
LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.



Principal Place of Business Mailing Address
PO BOX 85-7126 PO BOX 85-7126
PORT SAINT LUCIE FL 34985 PORT SAINT LUCIE FL 34985
US US

94043633



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
51-0153017 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HULL, JACKIE
610 MARION AVE
PORT SAINT LUCIE FL 34983

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HULL, JACKIE	
STREET ADDRESS	610 MARION AVE.	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, LUCILLE	
STREET ADDRESS	497 SW HOMELAND RD.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLINS, CARL	
STREET ADDRESS	1792 SW COCHRAN AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	METZLER, GARY	
STREET ADDRESS	610 MARION AVE.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAPTISTE, ARTHUR	
STREET ADDRESS	1674 SE DOME CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, HAROLD	
STREET ADDRESS	5 SILVER OAK LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hull, Jackie	
STREET ADDRESS	610 Marion Ave	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dellavedova, John	
STREET ADDRESS	102 SW Majestic Terrace	
CITY-ST-ZIP	Port St. Lucie, FL 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Metzler, Gary	
STREET ADDRESS	610 Marion Ave	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baptiste, Arthur	
STREET ADDRESS	1674 SE Dome Circle	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Hollins* *Carl Hollins* *4/1/04* *772-879-9676*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #