

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90338 044 \*\*\*\*61.25



**DOCUMENT # N08139**

1. Entity Name

LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

Principal Place of Business

PO BOX 85-7126  
PORT SAINT LUCIE FL 34985  
US

Mailing Address

PO BOX 85-7126  
PORT SAINT LUCIE FL 34985  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number

51-0153017

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HULL, JACKIE  
610 MARION AVE  
PORT SAINT LUCIE FL 34983

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD  Delete  
NAME HULL, JACKIE  
STREET ADDRESS 610 MARION AVE.  
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE D  Delete  
NAME DELLAVEDOUA, JOHN  
STREET ADDRESS 102 SW MAJESTIC TERR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE TD  Delete  
NAME HOLLINS, CARL  
STREET ADDRESS 1792 SW COCHRAN AVE  
CITY-ST-ZIP PORT ST LUCIE FL

TITLE D  Delete  
NAME METZLER, GARY  
STREET ADDRESS 610 MARION AVE.  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE PD  Delete  
NAME BAPTISTE, ARTHUR  
STREET ADDRESS 1674 SE DOME CIRCLE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE D  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 PD  Change  Addition  
NAME Mickle, Debra  
STREET ADDRESS Debra Mickle  
1829 SW Hickok Ter  
CITY-ST-ZIP Port St. Lucie, FL 34953

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Change  Addition  
NAME Baptiste, Arthur  
STREET ADDRESS 1674 SE Dome Circle  
CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. St. Haller* *Carl Hollins*

4/3/06

772-878-9676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #