FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:17

DOCUMENT # **N12265** **(7)**

1. Corporation Name
JENSEN BEACH LIONS CLUB, INC.

Principal Place of Business	Mailing Address
1637 NE NAUTICAL PLACE JENSEN BEACH FL 34957	1637 NE NAUTICAL PLACE JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1985
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2611525 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MENZIES,DAVID G.
1637 N.E. NAUTICAL PLACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name: DAVID G. MENZIES
82 Street Address (P.O. Box Number is Not Acceptable): 1637 N.E. NAUTICAL PL.
83
84 City: JENSEN BEACH FL 85 Zip Code: 34957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	11 TITLE	P	☒ Change ☐ Addition
NAME	BARTLETT, WILLIAM C	12 NAME	ALBERT PANGRAZZI	
STREET ADDRESS	658 SE CALMOSO DR	13 STREET ADDRESS	3344 N.E. SANDRA DR.	
CITY-ST-ZIP	PT ST LUCIE FL	14 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
TITLE	VD	21 TITLE	V	☒ Change ☐ Addition
NAME	PANGRAZZI, ALBERT	22 NAME	SAMUEL J. JOHNSON, JR	
STREET ADDRESS	3344 NE SANDRA DR	23 STREET ADDRESS	317 ALICE AVE.	
CITY-ST-ZIP	JENSEN BEACH FL	24 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	TOWNSEND, DONALD B	32 NAME	ARTHUR MC PHERSON	
STREET ADDRESS	1582 NE MAUREEN CT	33 STREET ADDRESS	14 N.E. 7TH AVE.	
CITY-ST-ZIP	JENSEN BCH FL	34 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MENZIES, DAVID G	42 NAME		
STREET ADDRESS	1637 NE NAUTICAL PLACE	43 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, DOROTHY	52 NAME		
STREET ADDRESS	14 NE 7 AVE	53 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	RUSSELL, BARBARA.	62 NAME	C. HUBERT ALDRICH	
STREET ADDRESS	118 LAVAUGHN CIR	63 STREET ADDRESS	750 N.E. WAVERLY TERR.	
CITY-ST-ZIP	JENSEN BEACH FL	64 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David G. Menzies 4-6-95 407-334-7212
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID G. MENZIES

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