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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12265** (7)
1. Corporation Name

JENSEN BEACH LIONS CLUB, INC.

Principal Place of Business

**1637 NE NAUTICAL PLACE
JENSEN BEACH FL 34957**

Mailing Address

**1637 NE NAUTICAL PLACE #804
JENSEN BEACH FL 34957-5770**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1985		3a. Date of Last Report 04/10/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2611525		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MENZIES, DAVID G.
1637 NE NAUTICAL PL
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 NE NAUTICAL PL. APT #804	
83			
84	City	JENSEN BEACH	FL
85	Zip Code	34957	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRES.
NAME	JOHNSON, SAMUEL J.	1.2 NAME	MENZIES, DAVID G.
STREET ADDRESS	317 ALICE AVE	1.3 STREET ADDRESS	1637 NE NAUTICAL PL. #804
CITY-ST-ZIP	JENSEN BCH FL	1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	VD	2.1 TITLE	
NAME	SKILES, WALTER F	2.2 NAME	
STREET ADDRESS	243 SUNSHINE LNE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	BRESSAW, ALFRED	3.2 NAME	
STREET ADDRESS	626 NE SILVER OAK TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	MENZIES, DAVID G	4.2 NAME	
STREET ADDRESS	1637 NE NAUTICAL PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	PREISS, THOMAS L	5.2 NAME	
STREET ADDRESS	10 BANYAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DIRECTOR
NAME	RUSSELL, LAWRENCE	6.2 NAME	HILTZ, GORDON R.
STREET ADDRESS	118 LAUGHN CIR	6.3 STREET ADDRESS	903 N.E. SANDALWOOD PL.
CITY-ST-ZIP	JENSEN BCH FL	6.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957

14. I do 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:

David G. Menzies

DAVID G. MENZIES

11/10/96 11:24 7212

CR2E037 (9/96)