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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
US**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/21/1985
4. FEI Number 59-2611525
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MENZIES, DAVID G.
1637 NE NAUTICAL PL
APT. 804
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 David G. Menzies 4/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MENZIES, DAVID G
STREET ADDRESS	1637 N.E. NAUTICAL PLACE, #804
CITY-ST-ZIP	JENSEN BCH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SKILES, WALTER F
STREET ADDRESS	243 SUNSHINE LNE
CITY-ST-ZIP	JENSEN BCH FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BRESSAW, ALFRED
STREET ADDRESS	626 NE SILVER OAK TERR
CITY-ST-ZIP	JENSEN BCH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MENZIES, DAVID G
STREET ADDRESS	1637 NE NAUTICAL PLACE
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	TD <input type="checkbox"/> DELETE
NAME	PREISS, THOMAS L
STREET ADDRESS	10 BANYAN DR
CITY-ST-ZIP	JENSEN BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HILTZ, GORDON R
STREET ADDRESS	903 N.E. SANDALWOOD PL
CITY-ST-ZIP	JENSEN BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES F. SCHWEIKERT
1.3 STREET ADDRESS	2931 NE PINELANES BLVD
1.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONALD B. TOWNSEND
2.3 STREET ADDRESS	1582 MAURAGEN CT.
2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT GRAY (not Gray)
3.3 STREET ADDRESS	2 NE 16TH TERRACE
3.4 CITY-ST-ZIP	STUART, FL 34994
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	JENSEN BEACH PL 34957

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.

SIGNATURE: David G. Menzies **DAVID G. MENZIES** 4/9/98 561-334-7212

CR2E037 (10/97)