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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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437351 - 90048 - 14

DOCUMENT # N12265

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 #804 JENSEN BEACH FL 34957 US

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

3. Date Incorporated or Qualified: 11/21/1985
4. FEI Number: 59-2611525 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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 — FL 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 _____ 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	P	☒ DELETE	1.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	SCHWEIKERT, JAMES F		1.2 NAME	IRENE F. THOMAS	
STREET ADDRESS	2921 NE PINELAKES BLVD		1.3 STREET ADDRESS	3854 BARBARA DR	
CITY-ST-ZIP	JENSEN BCH FL 34957		1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	V	☐ DELETE	2.1 TITLE	V D	☐ Change ☐ Addition
NAME	TOWNSEND, DONALD		2.2 NAME	TOWNSEND, DONALD	
STREET ADDRESS	1582 MAUREEN CT		2.3 STREET ADDRESS	1582 MAUREEN CT	
CITY-ST-ZIP	JENSEN BCH FL 34957		2.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	V	☐ DELETE	3.1 TITLE	V D	☐ Change ☐ Addition
NAME	GRAY, ROBERT		3.2 NAME	GRAY, ROBERT	
STREET ADDRESS	2 NE 15TH TERRACE		3.3 STREET ADDRESS	2 NE 15TH TERR	
CITY-ST-ZIP	STUART FL 34994		3.4 CITY-ST-ZIP	STUART, FL. 34994	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	MENZIES, DAVID G		4.2 NAME	MENZIES, DAVID	
STREET ADDRESS	1637 NE NAUTICAL PLACE		4.3 STREET ADDRESS	1637 NE NAUTICAL PL	
CITY-ST-ZIP	JENSEN BEACH FL 34957		4.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	TD	☐ DELETE	5.1 TITLE	T D	☐ Change ☐ Addition
NAME	PREISS, THOMAS L		5.2 NAME	PREISS, THOMAS	
STREET ADDRESS	10 BANYAN DR		5.3 STREET ADDRESS	10 BANYAN DR	
CITY-ST-ZIP	JENSEN BCH FL 34957		5.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	☒ DELETE	6.1 TITLE	VICE PRES D	☒ Change ☐ Addition
NAME	HILTZ, GORDON R		6.2 NAME	W. CHRISTOPHER FOONS	
STREET ADDRESS	903 N.E. SANDALWOOD PL		6.3 STREET ADDRESS	12248 FLORIDA CT.	
CITY-ST-ZIP	JENSEN BCH FL 34957		6.4 CITY-ST-ZIP	STUART, FL. 34994	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/7/99 Date — 561-334-7212 Daytime Phone #

DAVID G. MENZIES