

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N12265
 1. Entity Name
JENSEN BEACH LIONS CLUB, INC.



Principal Place of Business Mailing Address
LANGFORD PARK **P O BOX 486**
ROUTE 707 **JENSEN BEACH, FL 34958 US**
JENSEN BEACH, FL 34957



04202004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2611525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSEND, DONALD 1582 NW MAUREEN CT JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V STEVENS, WILLIAM 876 SW 37TH ST. PALM CITY, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JAMES 2469 NE 18TH CT JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, ROBERT 150 FOUR WINDS DR. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PREISS, THOMAS L 10 BANYAN DR JENSEN BCH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, PAUL 1375 NE DIXIE HWY JENSEN BEACH, FL 34957

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 04/29/04-R0118-008 61.25

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12. 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 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: *Thomas L. Preiss* **THOMAS L. PREISS** **TREASURER** **04-27-04** **772-334-9596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #