## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N12265 1. Entity Name 04-18-2006 90090 003 \*\*\*\*61.25 JENSEN BEACH LIONS CLUB, INC. Principal Place of Business Mailing Address LANGFORD PARK ROUTE 707 P O BOX 486 JENSEN BEACH FL 34958 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Maifing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FE! Number Applied For 59-2611525 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENZIES, DAVID G SECY D Street Address (P.O. Box Number is Not Acceptable) 1700 NE INDIAN RIVER DR APT 233 JENSEN BEACH FL 34957 City Zip Code 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 Signature, typed or printed reme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 44. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE Change : ☐ Addition TOWNSEND, DONALD B-PRES D NAME NAME 1582 NE MAUREEN CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 24957 CITY-ST-ZIP TVP-☐ Defete atesident TITLE TITLE **☑** Change ☐ Addition JACKSON, PAUL 1VP D NAME NAME 1375 NE DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP ☐ Delete 🔽 Change Addition NAME MENZIES, DAVID G SEC NAME 90+ J21 STREET ADDRESS 1700 NE INDIAN RIVER DR APT 239~ STREET ADDRESS CITY-ST-7IP JENSEN BEACH FL 34957 CITY-ST-7IP Delete TITLE TITLE Change Addition PREISS, THOMAS L TRES D NAME NAME STREET ADDRESS 2372 MISSION DR¢ STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition Trealorer RAGOSA, DENNIS C D NAME NAME 7835 SADDLEBROOK DR STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34986 CITY-ST-20P CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition THOMAS, IRENE F D NAME NAME 3854 BARBARA DR STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CfTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

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. 4/106 778-334-724

FILED