

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N14716 (7)**

1. Corporation Name

**RIBAUT LIONS CLUB HOLDING CORPORATION**



Principal Place of Business

Mailing Address

2040 RIVERVIEW ST.  
P.O. BOX 9441  
JACKSONVILLE FL 32208  
US

P.O. BOX 9441  
P.O. BOX 9441  
JACKSONVILLE FL 32208-9441  
US

3. Date Incorporated or Qualified  
**05/05/1986**

3a. Date of Last Report  
**09/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-6152437**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGGINBOTHAM, IRIS  
RT 5 BOX 2059K  
CALLAHAN FL 32011

81 Name **NANCY T. PAYNE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1326 OTTAWA AVE.**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32210**

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

*Nancy T. Payne Secretary*  
Signature, typed or printed name of registered agent and title if applicable

*Nancy T. Payne*  
Signature, typed or printed name of registered agent and title if applicable

**5-6-96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, T. LAVERNE	
STREET ADDRESS	761 E 56TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINBOTHAM, IRIS	
STREET ADDRESS	RT 5 BOX 2059K	
CITY-ST-ZIP	CALLAHAN FL 32201	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RUDD, B.J.	
STREET ADDRESS	2232 LARCHMONT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROFT, BEN	
STREET ADDRESS	7876 STEPHENSON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	James E. Thomas Jr.	
13 STREET ADDRESS	1331 EDA ST.	
14 CITY-ST-ZIP	JAX FL 32208	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	David W. Hicken	
23 STREET ADDRESS	4793 LANNIE RD.	
24 CITY-ST-ZIP	JAX., FL 32218	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NANCY T. PAYNE	
33 STREET ADDRESS	1326 OTTAWA AVE	
34 CITY-ST-ZIP	JAX., FLA 32210	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	AZALEE DUGGER	
43 STREET ADDRESS	RT 1 Box 2350	
44 CITY-ST-ZIP	Glenn St. Mary FLA 32040	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Nancy T. Payne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NANCY T. PAYNE**

**4-16-96**  
Date

**904-786-1469**  
Daytime Phone #

CR2E037 (12/95)