


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam 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

4. FEI Number

59-6152437

Applied For
Not Applicable

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAYNE, NANCY T.
1326 OTTAWA AVE.
JACKSONVILLE FL 32210

81 Name	Azalee Dugger
82 Street Address (P.O. Box Number is Not Acceptable)	1436 Bellshore Circle
83	
84 City	Jacksonville FL
85 Zip Code	32218

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: Azalee Dugger Azalee Dugger, Treasurer 3-24-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CORFT, BEN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORFT, BEN	1.2 NAME	Russel W. Dean
STREET ADDRESS	7876 STEPHENSON DR	1.3 STREET ADDRESS	9031 4th Avenue
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL - 32208
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEN, DAVID W.	2.2 NAME	
STREET ADDRESS	4793 LANNIE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, NANCY T.	3.2 NAME	Marie Morris
STREET ADDRESS	1326 OTTAWA AVE.	3.3 STREET ADDRESS	8232 White Plains Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	Jacksonville, FL - 32208
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGER, AZALEE	4.2 NAME	
STREET ADDRESS	RT. 1 BOX 2350	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENN ST. MARY FL 32040	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Azalee Dugger Azalee Dugger (904) 764-1517

CP2E037 (10/97)