## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 200. COR Non Profit A/R  1. Entity Name Ribault Lions Club Holding Oxpore  P.O. Box 9441							
	Jacksonville,		05 JUN -9 MMI: 31				
DO NOT WRITE IN THIS SPACE				AMATERIA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA			
2040 Suite, Apt.	Riverview Street #, etc.	3. Mailing Address P.O. Box 9 Suite, Apt. #, etc.	9441	_	DO NOT WRITE IN THIS SPAC	· 05	
City & State  Jacksonville, Florida  Jacksonville				4. FEI Number 59-6152	59-6152437 Not Applicable		
32308			Country	5. Certificate of Status Desired			
	DO NOT WI		Street Address	Azalee Ducger  Street Address (P.O. Box Number is Not Acceptable) 1436 Bellshore Circle  3 0  City Jacksonville FL Zip Code 3 2218			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of the purpose of changing its registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of the purpose of changing its registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with a second of Florida. I am familiar with, and							
	Initial or Amended UBR	Trust Fund Co	ontribution.	Added to Fees	Florida Departmen		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Azalee Dugger 1436 Bellshore Jacksonville,	Circle	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(6)(6)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Katherine Kell 515 E. Glst St Jacksonville,	ey <del>F</del> L - 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marie Morris 8232 White Plains Rd.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. Thereby 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 on an attachment with an address, with all other like empowered.  AZALGE Duager, President  SIGNATURE:  May 31, 2005 (904)764-1517							