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FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20032** (1)

1. Corporation Name

LIONS' CLUB OF ROCKLEDGE, INCORPORATED

Principal Place of Business

Mailing Address

%JOSEPH J. ANTONELLI, SR.

**1019 JACARANDA CIR
ROCKLEDGE FL 32955-1019**

%JOSEPH J. ANTONELLI, SR.

**1019 JACARANDA CIR
ROCKLEDGE FL 32955-1019**

3. Date Incorporated or Qualified

04/07/1987

4. FEI Number

59-2338455

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**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONELLI, SR, JOSEPH J.

**1019 JACARANDA CIR
ROCKLEDGE FL 32955-1019**

81 Name

Ernest Pitts Treasurer

82 Street Address (P.O. Box Number is not acceptable)

1714 Hubbard St

83

Rockledge

84 City

FL

32955

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

Ernest Pitts

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-98

12. OFFICERS AND DIRECTORS

TITLE **STRES** ☐ DELETE
NAME **PITTS, ERNEST**
STREET ADDRESS **1714 HUBBARD STREET**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **VD** ☐ DELETE
NAME **HARLESS, JAMES O.**
STREET ADDRESS **1414 HAGEN LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **ST** ☐ DELETE
NAME **PARKER, ALTON R.**
STREET ADDRESS **2934 MATTHEW DR.**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **ST** ☐ DELETE
NAME **ANTONELLI, JOSEPH J.**
STREET ADDRESS **3 BUCKINGHAM CT**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **ST** ☐ DELETE
NAME **HOLLOWAY, ROBERT**
STREET ADDRESS **526 COCOA ISLES BLVD.**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Ernest Pitts **ERNEST PITTS**

1/20/98

(407) 631-2179

CR2E037 (1097)