

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90031 037 ****70.00

DOCUMENT # N20296

1. Entity Name
ARLINGTON LIONS CLUB, INC.



Principal Place of Business
**6523 COMMERCE ST
JACKSONVILLE, FL 32211**

Mailing Address
**6523 COMMERCE ST
JACKSONVILLE, FL 32211**

DUPLICATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-0908738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**BEACH, ALVIN M
6523 COMMERCE STREET
JACKSONVILLE, FL 32211**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Alvin M Beach

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/10/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COFER, BOB**
STREET ADDRESS **6523 COMMERCE ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **SD** ☐ Delete
NAME **COY, DARWIN**
STREET ADDRESS **6523 COMMERCE ST.**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **D** ☐ Delete
NAME **SEIDEL, HAROLD J**
STREET ADDRESS **6523 COMMERCE ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **TD** ☐ Delete
NAME **BEACH, ALVIN M**
STREET ADDRESS **6523 COMMERCE STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **1VPD** ☐ Delete
NAME **STEELE, ROLAND D**
STREET ADDRESS **6523 COMMERCE STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

Alvin M Beach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVIN M. BEACH *01/10/05*

Date

Daytime Phone #

784-9844