

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 # N20549

(4)

1. Corporation Name

EAU GALLIE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

C/O MARSHALL BOYKIN
587 THOMAS BARBOUR DR.
MELBOURNE FL 32935-6827

C/O MARSHALL BOYKIN
587 THOMAS BARBOUR DR.
MELBOURNE FL 32935-6827



3. Date Incorporated or Qualified

05/08/1987

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYKIN, MARSHALL
587 THOMAS BARBOUR DR.
MELBOURNE FL 32935

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
PERRY, ROBERT
STREET ADDRESS
514 IRONWOOD DR,
CITY - ST - ZIP
MELBOURNE FL

TITLE ☐ DELETE

NAME
D
BOYKIN, MARSHALL
STREET ADDRESS
587 THOMAS BARBOUR DR.
CITY - ST - ZIP
MELBOURNE FL

TITLE ☐ DELETE

NAME
P
PETERS, WILLIAM
STREET ADDRESS
605 THOMAS BARBOUR DR
CITY - ST - ZIP
MELBOURNE FL

TITLE ☐ DELETE

NAME
D
HIERS, DENNIS
STREET ADDRESS
3225 VILLA ESPANA TRAIL
CITY - ST - ZIP
MELBOURNE FL

TITLE ☐ DELETE

NAME
T
HOPKINS, JOHN
STREET ADDRESS
7970 TIMBERLAKE DR
CITY - ST - ZIP
WEST MELBOURNE 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 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:

John R. Hopkins John R. Hopkins

2-5-96

(407) 727-2353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)