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Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32935-6827C/O MARSHALL BOYKIN  
587 THOMAS BARBOUR DR.  
MELBOURNE FL 32935-68273. Date Incorporated or Qualified  
05/08/19873a. Date of Last Report  
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 William R Peters

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

605 Thomas Barbour Dr

83

84 City Melbourne

FL

85 Zip Code 32935

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 *William R Peters*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME PERRY, ROBERT  
STREET ADDRESS 514 IRONWOOD DR.  
CITY - ST - ZIP MELBOURNE FL1.1 TITLE T ☒ Change ☐ Addition  
1.2 NAME BERNADINE KUIPER  
1.3 STREET ADDRESS #176-1300 S. AIRPORT BLVD.  
1.4 CITY - ST - ZIP MELBOURNE FL 32901TITLE D ☒ DELETE  
NAME BOYKIN, MARSHALL  
STREET ADDRESS 587 THOMAS BARBOUR DR.  
CITY - ST - ZIP MELBOURNE FL2.1 TITLE S ☒ Change ☐ Addition  
2.2 NAME JAKE PRICE, JR.  
2.3 STREET ADDRESS 2680 HOPI DR.  
2.4 CITY - ST - ZIP MELBOURNE FL 32935TITLE P ☐ DELETE  
NAME PETERS, WILLIAM  
STREET ADDRESS 605 THOMAS BARBOUR DR  
CITY - ST - ZIP MELBOURNE FL 32935-68293.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME JOHN WILANSKY  
3.3 STREET ADDRESS 1026 ASHLEY AVE.  
3.4 CITY - ST - ZIP INDIAN HARBOR BEACH, FL 32937TITLE D ☒ DELETE  
NAME HIERS, DENNIS  
STREET ADDRESS 3225 VILLA ESPANA TRAIL  
CITY - ST - ZIP MELBOURNE FL4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME PETE HANCOCK  
4.3 STREET ADDRESS 1714 MOSSWOOD DR.  
4.4 CITY - ST - ZIP MELBOURNE, FL 32935TITLE T ☒ DELETE  
NAME HOPKINS, JOHN  
STREET ADDRESS 7970 TIMBERLAKE DR  
CITY - ST - ZIP WEST MELBOURNE FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 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 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: *William R Peters* *William R Peters* 1-12-97 407-254-4891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019454

CR2E037 (9/96)