


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 C/O MARSHALL BOYKIN 587 THOMAS BARBOUR DR. MELBOURNE FL 32935-6827			Mailing Address C/O MARSHALL BOYKIN 587 THOMAS BARBOUR DR. MELBOURNE FL 32935-6827		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BOYKIN, MARSHALL 587 THOMAS BARBOUR DR. MELBOURNE FL 32935 <i>Marshall Boykin</i>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	T	<input type="checkbox"/> DELETE			
NAME	KUIPER, BERNADINE				
STREET ADDRESS	#176-1300 SOUT AIRPORT ROAD				
CITY - ST - ZIP	MELBOURNE FL 32901				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	PRICE, JAKE JR.				
STREET ADDRESS	2680 HOPI DR				
CITY - ST - ZIP	MELBOURNE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILANSKI, JOHN				
STREET ADDRESS	1026 ASHLEY AVE				
CITY - ST - ZIP	INDIAN HARBOR BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HANCOCK, PETE				
STREET ADDRESS	1714 MOSSWOOD DRIVE				
CITY - ST - ZIP	MELBOURNE FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	PETERS, WILLIAM				
STREET ADDRESS	605 THOMAS BARBOUR DR				
CITY - ST - ZIP	MELBOURNE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					



CR2E037 (10/97)

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: *Bernadine Kuiper* 11/12/98 (407) 794-6077