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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20549

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

2. Principal Place of Business	2a. Mailing Address
21 605 Thomas Barbour Dr	26 605 Thomas Barbour Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melb Fl	City & State 28 MELBOURNE FL
Zip 24 32935-6829 Country 25 Brevard	Zip 29 32935-6829 Country 30 Brevard

3. Date Incorporated or Qualified: 05/08/1987

4. FEI Number: NOT APPLICABLE — ☐ 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

8. Name and Address of Current Registered Agent

BOYKIN, MARSHALL
587 THOMAS BARBOUR DR.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: William R Peters
82 Street Address (P.O. Box Number Is Not Acceptable): 605 Thomas Barbour Drive
83
84 City: Melb 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 William R. Peters 1-29-99
Signature, typed or printed — (NOTE: Registered Agent signature required) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KUIPER, BERNADINE #176-1300 SOUTH AIRPORT BLVD MELBOURNE FL 32901	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	KRISTINA DIRECTOR D Kristine Shellgrove 2045 SEA AVENUE INDIALANTIC FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRICE, JAKE JR. 2680 HOPI DR MELBOURNE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR D Hood Wilkinson 7777 MANGO GROVE AVE MELB FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILANSKI, JOHN 1026 ASHLEY AVE INDIAN HARBOR BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR D JIM BENTLEY 82 & HUNTERS CREEK DR MELB FL 32904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANCOCK, PETE 1714 MOSSWOOD DRIVE MELBOURNE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P T PETERS, WILLIAM 605 THOMAS BARBOUR DR MELBOURNE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	03-01-99 90009 017 $61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SR 3/22	☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1-29-99 — 407-254-4891
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #
William R Peters Pres