

## DOCUMENT # N20549

1. Entity Name

EAU GALLIE LIONS CLUB, INC.

Principal Place of Business

605 THOMAS BARBOUR DR  
MELBOURNE FL 32935-6829

Mailing Address

605 THOMAS BARBOUR DR  
MELBOURNE FL 32935-6829

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERS, WILLIAM R  
605 THOMAS BARBOUR DR  
MELBOURNE FL 32935-6829

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNELGROVE, KRISTINE	
STREET ADDRESS	2045 SEA AVENUE	
CITY-ST-ZIP	INDIALANTIC FL 32903	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, HOOD	
STREET ADDRESS	7777 MANGO GROVE AVE	
CITY-ST-ZIP	MELB FL 32901	

TITLE	D	<input type="checkbox"/> Delete
NAME	BENTLEY, JIM	
STREET ADDRESS	828 HUNTERS CREEK DR	
CITY-ST-ZIP	MELB FL 32904	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODA SCHISSEL	
STREET ADDRESS	1714 MOSSA/00 DR	
CITY-ST-ZIP	MELB FL 32935	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE LONG	
STREET ADDRESS	1300 S. AIRPORT BLVD #52	
CITY-ST-ZIP	MELB FL 32908 32901	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN RPONE	
STREET ADDRESS	515 FLOYD BENNETT DR,	
CITY-ST-ZIP	MELB FL 32936	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WOODA SCHISSEL REOJLISSEL Peters

1-7-00

321-254-4891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)