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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # **N21256** **(5)**

1. Corporation Name

METROPOLITAN LIONS CLUB OF JACKSONVILLE, INC.

000001726140
-02/28/96--01009--034
***61.25

Principal Place of Business	Mailing Address
P. O. BOX 5766 JACKSONVILLE FL 32247	P. O. BOX 5766 JACKSONVILLE FL 32247

3. Date Incorporated or Qualified: **06/22/1987**
3a. Date of Last Report: **06/12/1995**

4. FEI Number: **59-2926792** ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SULLIVAN, G. J. ROD JR.
SULLIVAN & BOYD
501 WEST BAY ST., SUITE 100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: WILL H. WASSON, TREASURER
82 Street Address (P.O. Box Number is Not Acceptable): 6000 SAN JOSE BLVD. - CONDO 1F
83 JACKSONVILLE,, FL 32217
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: Will H Wasson, Registered Agent DATE: 2/21/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOGAN, WILLIAM A 11668 FRANCIS DRAKE DR. JACKSONVILLE FL 32225	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President WILLIAM E. LE VEE 5365 TULANE AVE.,Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCCULLOCH, RICHARD J 1639 ATLANTIC BLVD. JACKSONVILLE FL 32207	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP D Bruce Rutledge 2711 DUNN AVE JACKSONVILLE, FL 32218	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MUELLER, EDWARD A 4734 EMPIRE AVE. JACKSONVILLE FL 32207	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP d ZACKERY WILLIAMS 2600 PRILIPS HWY JACKSONVILLE, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BALDWIN, KEVIN 245 EAST ADAMS ST. JACKSONVILLE FL 32202	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	VP D BEVERLY WINGATE P. O. BOX 28148 JACKSONVILLE, FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WASSON, WILL H 6000 SAN JOSE BLVD., COND 1F JACKSONVILLE FL 32217	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T D - WILL H. WASSON 6000 SAN JOSE BLVD. 1F JACKSONVILLE, FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILKINSON, DAVID 1259 CHARLES COVE RD. JACKSONVILLE FL 32246	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	S D TIMONTHY MONAHAN 50 NORTH LAURA ST SUITE 3700 JACKSONVILLE, FL 32202	☒ Change ☐ Addition

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: Will H Wasson, Treas. 1-24-96 (904) 739-0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILL H. WASSON, TREAS.

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