


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21256 (5)
 1. Corporation Name
METROPOLITAN LIONS CLUB OF JACKSONVILLE, INC.

Principal Place of Business P. O. BOX 5766 JACKSONVILLE FL 32247	Mailing Address P. O. BOX 5766 JACKSONVILLE FL 32247-5766
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 22. City & State	27 27. City & State
23 23. Zip	28 28. Zip
25 25. Country	30 30. Country

3. Date Incorporated or Qualified 06/22/1987	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2926792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WASSON, WILL H
6000 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	LEVEE, WILLIAM A
STREET ADDRESS	5365 TULANE AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	VPD <input type="checkbox"/> DELETE
NAME	RUTLEDGE, BRUCE J
STREET ADDRESS	2711 DUNN AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	VPD <input type="checkbox"/> DELETE
NAME	WILLIAMS, ZACKERY
STREET ADDRESS	2600 PHILLIPS HWY.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	VPD <input type="checkbox"/> DELETE
NAME	WINGATE, BEVERLY
STREET ADDRESS	8443 FORT CARLINE RD. PO BOX 28148 JACKSONVILLE, FL 32217
CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	TD <input type="checkbox"/> DELETE
NAME	WASSON, WILL H
STREET ADDRESS	6000 SAN JOSE BLVD., COND 1F
CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	SD <input type="checkbox"/> DELETE
NAME	MONAHAN, TIMONTHY
STREET ADDRESS	50 NORTH LAURA ST. SUITE 3700
CITY-ST-ZIP	JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: *Will H Wasson* 1-13-97

CR2E037 (9/96)