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 NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

N21256

(5)

FILED
Feb 02 1998 8:00am
Secretary of State

METROPOLITAN LIONS CLUB OF JACKSONVILLE, INC.  Principal Place of Business P. O. BOX 5766 JACKSONVILLE FL 32247  Principal Place of Business P. O. BOX 5766 JACKSONVILLE FL 32247  3. Date Incorporated or Qualified O6/22/1987  4. FEI Number S9-2926792  Not Applied F 59-2926792  Not Applied F Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State City & State City & State  City & State  City & State  City & State  City & State  Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired Trust Fund Contribution The Added to Fees To Status Desired The Added to Fees To Status Desired The Added to Fees The Added to Fees To Status Desired The Added to Fees Th
P. O. BOX 5766   JACKSONVILLE FL 32247   P. O. BOX 5766   JACKSONVILLE FL 32247   3. Date Incorporated or Qualified   06/22/1987   4. FEI Number   Not Applied F   59-2926792   Not Applied F   59-2926792   Not Applied F   59-2926792   Not Applied F   59-2926792   Suite, Apt. #, etc.   6. Election Campaigh Financing   S5.00 May Be   Trust Fund Contribution   Added to Fees   City & State   City & State   City & State   7. Is this nonprofit corporation a homeowners association?
JACKSONVILLE FL 32247   JACKSONVILLE FL 32247   3. Date incorporated or Gualified   06/22/1987   4. FEI Number   Applied F   59-2926792   Not Applied F   59-2926792   Not Applied F   59-2926792   Not Applied F   59-2926792   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   6. Election Campaign Financing   Trust Fund Contribution   Added to Fees   City & State   City & State   7. Is this nonprofit corporation a homeowners association?
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State
2. Principal Place of Business 2a. Mailing Address 2b. Certificate of Status Desired Sa.75 Addition Fee Required Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State
21   26   Fee Required     Suite, Apt. #, etc.   Suite, Apt. #, etc.   6. Election Campaigh Financing   \$5.00 May Be     22   27   Trust Fund Contribution
22 27 Added to Fees City & State Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No
City & State City & State 7. Is this nonprofit corporation a homeowners association?  23
23 Yes No
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible
24 25 29 30 Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
WASSON, WILL H
6000 SAN JOSE BLVD.  82 Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32217 83
84 City 85 Zip Code
FL 10 25 cost
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 regist 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 register 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESTDENT Change A
TITLE PRESIDENT Change Ad  NAME LEVEE, WILLIAM A 12 NAME REVERLY WINGATE
TITLE PRESIDENT AND Change AND
TITLE PRESIDENT Change Ad  NAME LEVEE, WILLIAM A  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  JACKSONVILLE FL 32207  STREET ADDRESS  L4 CITY-ST-ZIP  L5 CITY-ST-ZIP  L5 CITY-ST-ZIP  L6 CITY-ST-ZIP  L6 CITY-ST-ZIP  L7 CITY
NAME  LEVEE, WILLIAM A  STREET ADDRESS  CITY-ST-ZIP  TITLE  PRESIDENT  1.1 TITLE  PRESIDENT  1.2 NAME  BEVERLY WINGATE  1.3 STREET ADDRESS  B443 FORT CAROLINE RD.  1.4 CITY-ST-ZIP  ACKSONVILLE FL 32277  TITLE  PRESIDENT  1.2 NAME  BEVERLY WINGATE  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  ACKSONVILLE, FL 32277  DIRECTOR  Change □ Ad
NAME  LEVEE, WILLIAM A  STREET ADDRESS  CITY-ST-ZIP  NAME  VPD  NAME  RUTLEDGE, BRUCE J  RUTLEDGE, BRUCE J  RUDELETE  1.1 TITLE  PRESIDENT  1.2 NAME  BEVERLY WINGATE  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  DIRECTOR  DIRECTOR  Change  Ad  Change  Change  Change  Ad  Change  Cha
NAME  LEVEE, WILLIAM A  STREET ADDRESS  CITY-ST-ZIP  NAME  RUTLEDGE, BRUCE J  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  NAME  RUTLEDGE, BRUCE J  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  LACKSONVILLE, FL 32277  DELETE  21 TITLE  DIRECTOR  RUTLEDGE, BRUCE J  22 NAME  CHARGE  23 STREET ADDRESS  4734 EMPIRE AVENUE
TITLE PRESIDENT  NAME  LEVEE, WILLIAM A  STREET ADDRESS CITY-ST-ZIP  NAME  NAME  RUTLEDGE, BRUCE J  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  NAME  RUTLEDGE, BRUCE J  STREET ADDRESS CITY-ST-ZIP  ACKSONVILLE, FL 32277  Change  ACKSONVILLE, FL 32277  Change  ACKSONVILLE  Z1 TITLE  DIRECTOR  STREET ADDRESS A734 EMPIRE AVENUE  CITY-ST-ZIP  JACKSONVILLE FL 32207
TITLE PRESIDENT  NAME LEVEE, WILLIAM A  STREET ADDRESS CITY-ST-ZIP NAME NAME RUTLEDGE, BRUCE J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME NAME RUTLEDGE, BRUCE J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME RUTLEDGE, BRUCE J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277  Change Ad  Chan
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TITLE PRESIDENT  NAME  LEVEE, WILLIAM A  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  NAME  RUTLEDGE, BRUCE J  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32218  TITLE  VPD  VPD  DELETE  2.1 TITLE  DTRECTOR  2.2 NAME  DWARD A. MUELLER  2.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32207  TOTALE  VPD  VPD  DELETE  3.1 TITLE  VPD  DELETE  3.2 NAME  STREET ADDRESS
TITLE PRESIDENT  LEVEE, WILLIAM A  STREET ADDRESS CITY-ST-ZIP TITLE NAME RUTLEDGE, BRUCE J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME RUTLEDGE, BRUCE J STREET ADDRESS CITY-ST-ZIP TITLE VPD LOELETE STREET ADDRESS S
TITLE PRESIDENT  NAME LEVEE, WILLIAM A  STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218  TITLE VPD DELETE JACKSONVILLE FL 32218  TITLE NAME WILLIAMS, ZACKERY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  TITLE VPD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  TITLE WINGATE, BEVERLY WINGATE, BEVERLY WINGATE, BEVERLY STREET ADDRESS STREE
TITLE PRESIDENT  NAME LEVEE, WILLIAM A  STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218  TITLE VPD LDELETE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218  TITLE VPD LDELETE STREET ADDRESS CITY-ST-ZIP NAME WILLIAMS, ZACKERY STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  TITLE VPD LDELETE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218  TITLE VPD LDELETE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  TITLE VPD LDELETE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  TITLE VPD WILLIAMS, ZACKERY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  TITLE VPD WINGATE, BEVERLY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL STREET ADDRESS CITY-ST-ZIP ACKSONVILLE FL STREET ADDRESS CH ACKSONVILLE FL STRE
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TITLE P LEVEE, WILLIAM A STREET ADDRESS 5365 TULANE AVE.  JACKSONVILLE FL 32207
TITLE

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 cath; 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

ON, TREASURER & REGISTERED AGENT

904-739-0463