

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 02 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|--|--|



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

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 06/22/1987 | Applied For Not Applicable |
| 4. FEI Number 59-2926792 | |
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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 | 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input checked="" 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 checked="" type="checkbox"/> DELETE |
| NAME | WINGATE, BEVERLY | |
| STREET ADDRESS | 8443 FORT CARDINE RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| 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 checked="" 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 | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BEVERLY WINGATE | |
| 1.3 STREET ADDRESS | 8443 FORT CAROLINE RD. | |
| 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32277 | |
| 2.1 TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | EDWARD A. MUELLER | |
| 2.3 STREET ADDRESS | 4734 EMPIRE AVENUE | |
| 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32207 | |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, TREASURER & REGISTERED AGENT

904-739-0463

CR2E037 (10/97)