

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N21256

1. Entity 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**



05082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2926792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BABCOCK, BRIAN
4329 WORTH DRIVE E.
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARY, L. JAMES
10941 WHITWORTH CT
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EDWARD A MUELLER
4734 EMPIRE AVE
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PALMER, ROGER
7925 MERRILL RD #802
JACKSONVILLE, FL 32277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BABCOCK, BRIAN A
4329 WORTH DRIVE EAST
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000774048
09/14/07-80003-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/2007

Date

904-396-3696

Daytime Phone #