


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 Mailing Address
P. O. BOX 5766 **P. O. BOX 5766**
JACKSONVILLE, FL 32247 **JACKSONVILLE, FL 32247**

DO NOT WRITE IN THIS SPACE



05082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2926792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (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	

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 09/14/07-80003-021 61.25

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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 Brian A Babcock 9/6/2007 904-396-3696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #