2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N21256

Entity Name: METROPOLITAN LIONS CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

P. O. BOX 5766
JACKSONVILLE, FL 32247

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5766
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-2926792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	D ( ) Delete
Name:	CLARY, L. JAMES
Address:	10941 WHITWORTH CT
City-St-Zip:	JACKSONVILLE, FL 32225
Title:	D ( ) Delete
Name:	EDWARD A MUELLER
Address:	4734 EMPIRE AVE
City-St-Zip:	JACKSONVILLE, FL 32207
Title:	SD ( ) Delete
Name:	PALMER, ROGER
Address:	11539 BLACK OAK TRAIL
City-St-Zip:	JACKSONVILLE, FL 32225
Title:	PTD ( ) Delete
Name:	BABCOCK, BRIAN A
Address:	4329 WORTH DRIVE EAST
City-St-Zip:	JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN A. BABCOCK MR. 04/29/2009

Electronic Signature of Signing Officer or Director Date