

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21334** (0)

1. Corporation Name

YULEE LION'S CLUB, INC.



Principal Place of Business

Mailing Address

**US HIGHWAY 17 NORTH
P.O. BOX 321
YULEE FL 32097**

**US HIGHWAY 17 NORTH
P.O. BOX 321
YULEE FL 32097**

3. Date Incorporated or Qualified

06/16/1987

3a. Date of Last Report

08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6151402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, EUGENE F.
RTE 3 BOX 760
YULEE FL 32097**

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	D	<input type="checkbox"/> DELETE
NAME	STEWART, THOMAS J.	
STREET ADDRESS	72 HARRY GREEN RD	
CITY-STATE-ZIP	YULEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOOD, CLIFFORD A.	
STREET ADDRESS	P.O. BOX 97, NA	
CITY-STATE-ZIP	YULEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, EUGENE F	
STREET ADDRESS	RT 3, BOX 760	
CITY-STATE-ZIP	YULEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAMES S STEVENS JR.	
STREET ADDRESS	733 HARTS RD E.	
CITY-STATE-ZIP	YULEE FL 32079	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELMER A. MURRAY	
STREET ADDRESS	2066 DELENE RD	
CITY-STATE-ZIP	YULEE FL 32097	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOU, STEVENS	
STREET ADDRESS	733 HARTS RD E.	
CITY-STATE-ZIP	YULEE FL 32097	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James S. Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Stevens

5/1/96

904 225-5515

Daytime Phone

CR2E037 (12/95)