


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90040 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N21334</b>					
1. Corporation Name <b>YULEE LION'S CLUB, INC.</b>					
Principal Place of Business US HIGHWAY 17 NORTH <del>Box 321</del> Box 321 YULEE FL 32097			Mailing Address US HIGHWAY 17 NORTH P.O. BOX 321 YULEE FL 32097		
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 <b>06/16/1987</b> 4. FEI Number <b>59-6151402</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>HALL, EUGENE F.</b> <del>RTE 3 BOX 760</del> 1442 Halls Lane YULEE FL 32097			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	STEWART, THOMAS J.				
STREET ADDRESS	<del>72 HARRY GREEN RD</del> 458 Harry Green Rd.				
CITY-ST-ZIP	YULEE FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	FLOOD, CLIFFORD A.				
STREET ADDRESS	P.O. BOX 97, NA				
CITY-ST-ZIP	YULEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HALL, EUGENE F				
STREET ADDRESS	<del>RTE 3 BOX 760</del> 1442 Halls Lane				
CITY-ST-ZIP	YULEE FL 32097				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	JAMES S STEVENS JR.				
STREET ADDRESS	733 HARTS RD E.				
CITY-ST-ZIP	YULEE FL 32079				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	ELMER A. MURRAY				
STREET ADDRESS	2066 DELENE RD				
CITY-ST-ZIP	YULEE FL 32097				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	LOU, STEVENS				
STREET ADDRESS	733 HARTS RD E.				
CITY-ST-ZIP	YULEE FL 32097				
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Donald A. Hall				
1.3 STREET ADDRESS	1466 Halls Lane				
1.4 CITY-ST-ZIP	Yulee, FL 32097				
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Frankie E. Hall				
2.3 STREET ADDRESS	1442 Halls Lane				
2.4 CITY-ST-ZIP	Yulee, FL 32097				
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Eare Lois Hall				
3.3 STREET ADDRESS	1442 Halls Lane				
3.4 CITY-ST-ZIP	Yulee, FL 32097				
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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Eugene F. Hall* 4-5-99-904-125-5324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)