


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21334</b> 1. Entity Name YULEE LION'S CLUB, INC.	
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Principal Place of Business US HIGHWAY 17 NORTH P.O. BOX 321 YULEE, FL 32097	Mailing Address US HIGHWAY 17 NORTH P.O. BOX 321 YULEE, FL 32097
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07202006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6151402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  TAYLOR, JIMMY M 749 WAXWING LANE FERNANDINA BEACH, FL 32034
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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 STEWART, THOMAS J. 86142 HARRY GREEN RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, DONALD A 1466 HALLS LN YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, EARE L 1442 HALLS LN YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JIMMY, TAYLOR M 749 WAXWING LN FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000575159  
08/24/06-80003-008 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:  8-18-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #