FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22264 (8)

1. Corporation Name

SATELLITE BEACH LIONS CLUB, INC.

Principal Place of Business	Mailing Address
%KENNETH N. JACOBY, PA 1423 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH FL 32937	P.O. BOX 372610 1423 SOUTH PATRICK DRIVE SATELLITE BEACH FL 32937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1987
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2996902 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JACOBY, KENNETH N.
1423 SOUTH PATRICK DRIVE
INDINA HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HAUSER, JOE	1.2 NAME	FRANK ARMITAGE
STREET ADDRESS	135 PARK AVE.	1.3 STREET ADDRESS	465 NORWOOD AVE
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	VDD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	ARMITAGE, FRANK	2.2 NAME	JACK TAYLOR
STREET ADDRESS	465 NORWOOD AVE.	2.3 STREET ADDRESS	575 GLENWOOD AVE
CITY-ST-ZIP	SATELLITE BCH FL 32937	2.4 CITY-ST-ZIP	SATELLITE BCH, FL 32937
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	TAYLOR, JACK	3.2 NAME	ED FIORE
STREET ADDRESS	575 GLENWOOD AVE.	3.3 STREET ADDRESS	290 PARADISE BLVD. NO. 28
CITY-ST-ZIP	SATELLITE BCH FL 32937	3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, JOHN	4.2 NAME	
STREET ADDRESS	411 NIBLICK ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, DAVID	5.2 NAME	
STREET ADDRESS	475 BRIDGETOWN CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL 32937	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, GEORGIA	6.2 NAME	
STREET ADDRESS	575 GLENWOOD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL 32937	6.4 CITY-ST-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)(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.

SIGNATURE: David F. Henderson David F Henderson 3/9/95 407 773-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036126