

# 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 # N22264 (8)**

1. Corporation Name

**SATELLITE BEACH LIONS CLUB, INC.**

Principal Place of Business

**KENNETH N. JACOBY, PA  
1423 SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**P.O. BOX 372610  
1423 SOUTH PATRICK DRIVE  
SATELLITE BEACH FL 32937  
US**



3. Date Incorporated or Qualified

**08/27/1987**

3a. Date of Last Report

**03/15/1995**

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**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	ARMITAGE, FRANK	
STREET ADDRESS	465 NORWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VDD	<input type="checkbox"/> DELETE
NAME	TAYLOR, JACK	
STREET ADDRESS	575 GLENWOOD AVE	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IORE, ED	
STREET ADDRESS	290 PARADISE BLVD. NO. 28	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, JOHN	
STREET ADDRESS	411 NIBLUCK ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, DAVID	
STREET ADDRESS	475 BRIDGETOWN CT.	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, GEORGIA	
STREET ADDRESS	575 GLENWOOD AVE.	
CITY-ST-ZIP	SATELLITE BCH FL 32937	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TAYLOR, JACK	
13 STREET ADDRESS	575 GLENWOOD AVE.	
14 CITY-ST-ZIP	SATELLITE BEACH, FL. 32937	
21 TITLE	VDD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CUMMINGS, JOHN	
23 STREET ADDRESS	411 NIBLUCK STREET	
24 CITY-ST-ZIP	MELBOURNE, FL. 32901	
31 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	IORE, ED	
33 STREET ADDRESS	290 PARADISE BLVD. NO. 28	
34 CITY-ST-ZIP	INDIALANTIC, FL. 32903	
41 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LESKOSKY, WILLIAM	
43 STREET ADDRESS	1125 HIGHWAY A1A NO. 704	
44 CITY-ST-ZIP	SATELLITE BEACH, FL. 32937	
51 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	PIKE, ARLENE	
53 STREET ADDRESS	106 CHRISTINE CIRCLE	
54 CITY-ST-ZIP	SATELLITE BEACH, FL. 32937	
61 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	PIKE, DON	
63 STREET ADDRESS	106 CHRISTINE CIRCLE	
64 CITY-ST-ZIP	SATELLITE BEACH, FL. 32937	

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 199.07(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: JACK TAYLOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(407)867-7846**

Date

Daytime Phone #

CR2E037 (12/95)