


FILE NOW: FILING FEE IS \$61.25

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Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22264 (8)**  
1. Corporation Name  
**SATELLITE BEACH LIONS CLUB, INC.**

Principal Place of Business <b>KENNETH N. JACOBY, PA 1423 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH FL 32937</b>	Mailing Address <b>P.O. BOX 372610 1423 SOUTH PATRICK DRIVE SATELLITE BEACH FL 32937-4315 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>08/27/1987</b>	3a. Date of Last Report <b>04/17/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2996902</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>JACOBY, KENNETH N. 1423 SOUTH PATRICK DRIVE INDIANA HARBOUR BEACH FL 32937</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City		<b>FL</b>	<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, JACK</b>		1.2 NAME <b>PIORE, ED</b>	
STREET ADDRESS <b>575 GLENWOOD AVE.</b>		1.3 STREET ADDRESS <b>290n Paradise Blvd. # 28</b>	
CITY-ST-ZIP <b>SATELLITE BEACH FL</b>		1.4 CITY-ST-ZIP <b>Indialantic, Blvd. Fla. 32903</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUMMINGS, JOHN</b>		2.2 NAME <b>LESKOSKY, Bill</b>	
STREET ADDRESS <b>411 NIBLICK ST.</b>		2.3 STREET ADDRESS <b>1125 Hwy A1A, Apt. 704</b>	
CITY-ST-ZIP <b>MELBOURNE FL</b>		2.4 CITY-ST-ZIP <b>Satellite Beach, Fl. 32937</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PIORE, ED</b>		3.2 NAME <b>CARP, Barbara</b>	
STREET ADDRESS <b>290 PARADISE BLVD. NO. 28</b>		3.3 STREET ADDRESS <b>2198 ROCKWELL DRIVE</b>	
CITY-ST-ZIP <b>INDIALANTIC FL</b>		3.4 CITY-ST-ZIP <b>MELBOURNE, FL. 32935</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LESKOSKY, WILLIAM</b>		4.2 NAME <b>COCHIE, Steve</b>	
STREET ADDRESS <b>1125 HIGHWAY A1A #704</b>		4.3 STREET ADDRESS <b>415 Lee Street</b>	
CITY-ST-ZIP <b>SATELLITE BEACH FL</b>		4.4 CITY-ST-ZIP <b>Satellite Beach, Fla. 32937</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PIKE, ARLENE</b>		5.2 NAME <b>TAYLOR, Jack</b>	
STREET ADDRESS <b>106 CHRISTINE CIRCLE</b>		5.3 STREET ADDRESS <b>575 Glenwood Ave.</b>	
CITY-ST-ZIP <b>SATELLITE BCH FL</b>		5.4 CITY-ST-ZIP <b>Satellit: Beach, Fla. 32937</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PIKE, DON</b>		6.2 NAME	
STREET ADDRESS <b>106 CHRISTINE CIRCLE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>SATELLITE BCH FL</b>		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)