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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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

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

3. Date Incorporated or Qualified

**08/27/1987**

4. FEI Number

**59-2996902**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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]*  
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

**20 Jan 98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME FIORE, ED  
STREET ADDRESS 290 N PARADISE BLVD #28  
CITY-ST-ZIP INDIAN LANTIC BLVD FL

TITLE VPD ☐ DELETE  
NAME LESKOSKY, BILL  
STREET ADDRESS 1125 HWY A1A APT 704  
CITY-ST-ZIP SATELLITE BCH FL

TITLE VPD ☐ DELETE  
NAME CARR, BARBARA  
STREET ADDRESS 2198 ROCKWELL DR  
CITY-ST-ZIP MELBOURNE FL

TITLE VPD ☐ DELETE  
NAME COCHIE, STEVE  
STREET ADDRESS 415 LEE STREET  
CITY-ST-ZIP SATELLITE BCH FL

TITLE S ☐ DELETE  
NAME TAYLOR, JACK  
STREET ADDRESS 575 GLENWOOD AVE  
CITY-ST-ZIP SATELLITE BCH FL

TITLE T ☒ DELETE  
NAME PIKE, DON  
STREET ADDRESS 106 CHRISTINE CIRCLE  
CITY-ST-ZIP SATELLITE BCH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME JENKINS MYRNA  
6.3 STREET ADDRESS 544 GRANT AVE  
6.4 CITY-ST-ZIP SATELLITE BCH FL 32437

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S OFFICER OR DIRECTOR

**20 Jan 98**  
Date

Daytime Phone #

CR2E037 (10/97)