

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90022 044 ****70.00

DOCUMENT # N23318

1. Entity Name

ARLINGTON LIONS CLUB HOLDING CORPORATION



Principal Place of Business

ARLINGTON LIONS CLUB HOLDING CORP.
6523 COMMERCE STREET
JACKSONVILLE FL 32211
US

Mailing Address

ARLINGTON LIONS CLUB HOLDING CORP.
6523 COMMERCE STREET
JACKSONVILLE FL 32211
US

44009441



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1850939

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOWKABANY, MITCHELL N
6523 COMMERCE ST
JACKSONVILLE FL 32211

Name

Dover, Thomas

Street Address (P.O. Box Number is Not Acceptable)

6027 Greenberry Ln.

Jacksonville, Fl. 32211

City

FL

Zip Code

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

Thomas Dover
Thomas Dover president

February 1, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P
NAME KOWKABANY, MITCHELL N ☒ Delete
STREET ADDRESS 6523 COMMERCE ST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VD
NAME HOWARD, PARKER ☐ Delete
STREET ADDRESS 6523 COMMERCE ST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE S
NAME GRENN, STAN ☒ Delete
STREET ADDRESS 6523 COMMERCE ST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE T
NAME MCGARY, JAMES R ☒ Delete
STREET ADDRESS 4669 STRATFORD WAY
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D
NAME EWING, LARRY ☐ Delete
STREET ADDRESS 12210 SPRINGMORE CT
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D
NAME PRESCOTT, FRANCIS D ☐ Delete
STREET ADDRESS 10318 DEBUTANTE DR S
CITY-ST-ZIP JACKSONVILLE FL 32246

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☒ Addition
NAME Dover, Thomas
STREET ADDRESS 6027 Greenberry Ln.
CITY-ST-ZIP Jacksonville, Fl. 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME McGarry, James R.
STREET ADDRESS 4269 Straford Wy.
CITY-ST-ZIP Jacksonville, Fl. 32225

TITLE T ☒ Change ☒ Addition
NAME McGivney, Thomas J.
STREET ADDRESS 12625 Shoal Creek Ln. N.
CITY-ST-ZIP Jacksonville, Fl. 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Thomas J. McGivney Pres

2/01/04

904/2197627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #