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 APR 19 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34090 (3)

1. Corporation Name
BAREFOOT BAY LIONS CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
917 DOGWOOD DR. P.O. BOX 779115 BAREFOOT BAY FL 32976	917 DOGWOOD DR. P.O. BOX 779115 BAREFOOT BAY FL 32976

3. Date Incorporated or Qualified: 09/06/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2972112 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WHITE, RUSSELL
104 FIG COURT
BAREFOOT BAY FL 32976

10. Name and Address of New Registered Agent

81 Name: Salvatore Napoli
82 Street Address (P.O. Box Number is Not Acceptable): 1158 W.Barefoot Cir.
83: Barefoot Bay Fl 32976
84 City: Barefoot Bay FL 85 Zip Code: 32976

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: Salvatore Napoli Salvatore Napoli DATE: 3/23/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ROBERT	1.2 NAME	
STREET ADDRESS	1039 E. BAREFOOT CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	VARNEY, MERLIN	2.2 NAME	
STREET ADDRESS	624 WEDELIA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	CONTE, VITO	3.2 NAME	D Welles, John
STREET ADDRESS	206 ALMOND COURT	3.3 STREET ADDRESS	413 N. Marlin Cir.Barefoot Bay
CITY-ST-ZIP	BAREFOOT BAY FL 32976	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	XX Change ☐ Addition
NAME	WHITE, RUSSELL	4.2 NAME	P Napoli, Salvatore
STREET ADDRESS	104 FIG COURT	4.3 STREET ADDRESS	1158 W. Barefoot Cir.
CITY-ST-ZIP	BAREFOOT BAY FL 32976	4.4 CITY-ST-ZIP	Barefoot Bay, Fl 32976
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	SMITH, CHARLES	5.2 NAME	V Wheeler, Scott
STREET ADDRESS	623 N. SEAGULL CIRCLE	5.3 STREET ADDRESS	315 Loquat Dr.
CITY-ST-ZIP	BAREFOOT BAY FL 32976	5.4 CITY-ST-ZIP	Barefoot Bay Fl 32976
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, JOHN T	6.2 NAME	
STREET ADDRESS	917 DOGWOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	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: John T. Burns John T Burns 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#

COR7044