

# 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 # N34090**

**(3)**

1. Corporation Name

**BAREFOOT BAY LIONS CLUB, INC.**

Principal Place of Business

Mailing Address

**917 DOGWOOD DR.  
P.O. BOX 779-115  
BAREFOOT BAY FL 32976**

**917 DOGWOOD DR.  
P.O. BOX 779-115  
BAREFOOT BAY FL 32976**



3. Date Incorporated or Qualified

**09/06/1989**

3a. Date of Last Report

**04/19/1995**

4. FEI Number

**59-2972112**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAPOLI, SALVATORE  
1158 W. BAREFOOT CIRCLE  
BAREFOOT BAY FL 32976**

81 Name

**Duncan Charles R.**

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

**745 E. Periwinkle Cir.**

83

84 City

**Barefoot Bay**

**FL**

85 Zip Code

**32976**

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

*Charles R. Duncan*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACKSON, ROBERT</b>	
STREET ADDRESS	<b>1039 E. BAREFOOT CIRCLE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VARNEY, MERLIN</b>	
STREET ADDRESS	<b>624 WEDELIA DR.</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WELLES, JOHN</b>	
STREET ADDRESS	<b>413 N. MARLIN CIRCLE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NAPOLI, SALVATORE</b>	
STREET ADDRESS	<b>1158 W. BAREFOOT CIR.</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHEELER, SCOTT</b>	
STREET ADDRESS	<b>315 LOQUAT DRIVE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURNS, JOHN T</b>	
STREET ADDRESS	<b>917 DOGWOOD DR.</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Charles Robert Duncan</b>	
13 STREET ADDRESS	<b>745 E. Periwinkle Cir.</b>	
14 CITY-ST-ZIP	<b>Barefoot Bay, FL 32976</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Anita Welles</b>	
43 STREET ADDRESS	<b>413 N. Marlin Cir.</b>	
44 CITY-ST-ZIP	<b>Barefoot Bay, FL 32976</b>	
51 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>John T. Burns</b>	
53 STREET ADDRESS	<b>917 Dogwood Dr. P.O. Box 779-115</b>	
54 CITY-ST-ZIP	<b>Barefoot Bay FL 32976</b>	
61 TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Jim Tirone</b>	
63 STREET ADDRESS	<b>811 N.E. Cashew Cir.</b>	
64 CITY-ST-ZIP	<b>Barefoot Bay FL 32976</b>	

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)(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:

*John T. Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/96**

Date

**407-664-5637**  
Daytime Phone #

CR2E037 (12/95)