

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90057 045 ****61.25

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DOCUMENT # N34090

1. Corporation Name

BAREFOOT BAY LIONS CLUB, INC.

Principal Place of Business

Mailing Address

206 ALMOND COURT
P.O. BOX 779-115
BAREFOOT BAY FL 32976
US

206 ALMOND COURT
P.O. BOX 779-115
BAREFOOT BAY FL 32976
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 same		26 same		09/06/1989	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-2972112	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		27		28	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELUCA, RONALD
1034 SEBASTIAN RD
BAREFOOT BAY FL 32976

81 Name John T. BURNS
82 Street Address (P.O. Box Number is Not Acceptable) 917 Dogwood Drive
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

John T. Burns

January 11, 1999

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	DELUCA, RONALD	1.1 TITLE	P
NAME	1034 SEBASTIAN RD	1.2 NAME	JOHN T. BURNS
STREET ADDRESS	BAREFOOT BAY FL	1.3 STREET ADDRESS	917 DOGWOOD DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	VP	2.1 TITLE	VP
NAME	BURNS, JOHN	2.2 NAME	ED DAVIDSON
STREET ADDRESS	917 DOGWOOD DRIVE	2.3 STREET ADDRESS	623 E. OLEANDER
CITY-ST-ZIP	BAREFOOT BAY FL	2.4 CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	D	3.1 TITLE	D
NAME	SMITH, JANE	3.2 NAME	MARGARET CALLAHAN
STREET ADDRESS	623 N SEAGULL CIR	3.3 STREET ADDRESS	709 E. Oleander
CITY-ST-ZIP	BAREFOOT BAY FL	3.4 CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	T	4.1 TITLE	T
NAME	WELLES, ANITA	4.2 NAME	Anita WELLES
STREET ADDRESS	413 N MARLIN CIRCLE	4.3 STREET ADDRESS	413 N. Marlin Circle
CITY-ST-ZIP	BAREFOOT BAY FL	4.4 CITY-ST-ZIP	Barefoot Bay FL 32976
TITLE	S	5.1 TITLE	S
NAME	CONTE, KATHLEEN M	5.2 NAME	Kathleen M. Conte
STREET ADDRESS	206 ALMOND COURT	5.3 STREET ADDRESS	206 Almond Court
CITY-ST-ZIP	BAREFOOT BAY FL	5.4 CITY-ST-ZIP	Barefoot Bay Fl 32976
TITLE	D	6.1 TITLE	D
NAME	LAVERGNE, BERG	6.2 NAME	Jane Smith
STREET ADDRESS	714 N OLEANDER CIR	6.3 STREET ADDRESS	623 N. Seagull Cir.
CITY-ST-ZIP	BAREFOOT BAY FL	6.4 CITY-ST-ZIP	Barefoot Bay FL 32976

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, with all other like empowered.

SIGNATURE: Katherine M. Conte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/99

Daytime Phone #

561-664-0501

CR2E037 (11/98)