

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

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90015 046 ****61.25

DOCUMENT # N34090

1. Entity Name

BAREFOOT BAY LIONS CLUB, INC.



Principal Place of Business

COMMUNITY CENTER
VETERANS WAY
BAREFOOT BAY FL 32976
US

Mailing Address

PO BOX 779-115
BAREFOOT BAY FL 32976
US

34069405



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2972112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUSCO, VAUGHN-
13537 US HWY 1 #129
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

KATHLEEN M. CONTE

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

353 B. SOUTH WIMBROW DRIVE

SEBASTIAN

City

FL

Zip Code

32958

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: *Kathleen M. Conte*

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

(NOTE: Registered Agent signature required when reinstating)

August 18, 2004
DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 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	<input checked="" type="checkbox"/> Delete
NAME	FUSCO, VAUGHN	
STREET ADDRESS	13537 US HWY 1 #129	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCCREA, MARY	
STREET ADDRESS	1316 GARDENIA DR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BEGAR, CHARLES D	
STREET ADDRESS	915 HYACINTH CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNPHY, RAYMOND	
STREET ADDRESS	556 TARPON RD.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CRUTCHFIELD, MARIE	
STREET ADDRESS	915 HYACINTH CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, JOHN	
STREET ADDRESS	917 DOGWOOD DR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN M. CONTE	
STREET ADDRESS	353 B S. WIMBROW DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE BEGAN	
STREET ADDRESS	915 HYACINTH CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE CRUTCHFIELD	
STREET ADDRESS	918 HYACINTH	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALDINE BRABENAC	
STREET ADDRESS	636 PERIWINKLE CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	

TITLE	DIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DUNCAN	
STREET ADDRESS	745 PERIWINKLE CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

TITLE	DIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES BEGAN	
STREET ADDRESS	915 HYACINTH	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

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: *Kathleen M. Conte*

KATHLEEN M. CONTE

8/16/04

772-581-6229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #