

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED
05 DEC 20 PM 12:35
T. Roberts DEC 21 2005

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
CONTE, KATHLEEN M
353 B SOUTH WIMBROW DR
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent
Name Edith M. Burns
Street Address (P.O. Box Number is Not Acceptable)
917 Dogwood Drive
Barefoot Bay
City FL Zip Code 32976

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 Edith M. Burns Lion President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12/15/05

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTE, KATHLEEN M 353 B S WINBROW DR SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDITH BURNS 917 DOGWOOD DR BAREFOOT BAY FL 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEGAN, MARIE 915 HYACINTH CIR BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARIE BEGAN 915 HYACINTH CIR BAREFOOT BAY FL 32976 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUTCHFIELD, MARIE 918 HYACINTH CIR BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIE CRUTCHFIELD 918 HYACINTH CIR BAREFOOT BAY FL 32976 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADENAC, GERALDINE 636 PERIWINKLE CIR BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATHLEEN CONTE 353 B. SO. WINBROW DR SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA DUNCAN, ROBERT 745 PERIWINKLE CIR BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN T. BURNS 917 DOGWOOD DR BAREFOOT BAY FL 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BEGAN, CHARLES 915 HYACINTH BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIL BATES 607 MARLIN CIR. BAREFOOT BAY FL 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edith M. Burns Edith M. Burns 12/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

772-664-5637



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Barefoot Bay
LIONS CLUB

District 35-D
P. O. Box 779-115
Barefoot Bay, Florida 32976

December 15, 2005

Mrs. Glenda Hood
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mrs. Hood,

In the last few days I have contacted your office in regard to our failure to report our [Not for profit corporation] Document for the year 2005. I talked to a man in your office and told him we did not receive our forms for this year. He said we should ask for a waiver because of this.

Would it be possible at this time to ask your help in getting a waiver .

The letter sent to us on November 9, 2005 letter # [805A00066867] made no mention of this.

Thanking you in advance

Sincerely,

Marie Crutchfield
Marie Crutchfield, Treasurer

Enclosures: Letter No 805A00066867,
Letter from me,
Reinstatement Form
check