## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Aug 06, 2004 8:00 am Secretary of State DOCUMENT # N37032 08-06-2004 90003 043 \*\*\*\*61.25 THE VERO BEACH LIONS CLUB, INC. Mailing Address Principal Place of Business 34067208 PO BOX 1204 P.O. BOX 1204 VERO BEACH, FL 32961 VERO BEACH, FL 32961 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0287861 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required --- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSSWAY, BRADLEY W. Street Address (P.O. Box Number is Not Acceptable) 5070 N HWY A1A SUITE 200 VERO BEACH, FL 32963 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **Addition** Delete TITLE ☐ Change TITLE VD NAME BLANCHARD, MARIE NAME Michael Tupek 32968 1390 SW 19TH AVENUE STREET ADDRESS STREET ADDRESS 245 55th Ave. SW Vero Beach, FL VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change Addition PHILLIPS, RANDY NAME NAME STREET ADDRESS 1645 HIGHLAND AVE. STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP <del>-√D-</del> \_ **Change** TITLE ☐ Delete TITLE\_ ☐ Addition PD- ---FISH, BILL NAME NAME STREET ADDRESS 2236 BUENA VISTA BLVD STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE TITLE SD MYERS, KATHY NAME NAME Byron Curcio 32966 9376 88TH ST STREET ADDRESS STREET ADDRESS 7960 Brighton Mamor Vero Beach, FL CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP

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 agrequired 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:

Byron Curcio SIGNATURE AND TYPED OR PRINTED NAME OF SI

unce NING OFFICER OR DIRECTOR

2004 August 4,

772-778-8000 ext

Daytime Phone #

FILED

54067208



## Appraisal Associates of the Treasure Coast, Inc.

Indian River, St. Lucie, Brevard, Palm Beach, Martin, Okeechobee, Seminole, Orange, Osceola, Volusia, Lee and Collier Counties

## **BYRON J. CURCIO**

**Accounting Specialist** 

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