FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
05 [illegible] 9:47
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N43295** **(7)**

1. Corporation Name

BROOKRIDGE LIONS CLUB, INC.

Principal Place of Business	Mailing Address
7300 BROOKRIDGE CENTRAL BLVD BROOKSVILLE FL 34613 US	7300 BROOKRIDGE CENTER BLVD BROOKSVILLE FL 34613 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/06/1991**
3a. Date of Last Report: **03/29/1994**
4. FEI Number: **59-2741110** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MILZ, DONALD R.
9193 ADMIRAL ST.
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE DONALD R. MILZ
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILZ, DONALD	12 NAME	
STREET ADDRESS	9193 ADMIRAL ST.	13 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	GUYMON, ALVA L.	22 NAME	
STREET ADDRESS	14205 EDMONDS ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MCELROY, BRUCE	32 NAME	
STREET ADDRESS	8575 ELECTRA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MANN, PAUL	42 NAME	
STREET ADDRESS	8462 ELECTRA AVE	43 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CHADWICK, TOM W.	52 NAME	
STREET ADDRESS	8061 MONTROSE AVE	53 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	VICKERY, JOHN E.	62 NAME	
STREET ADDRESS	14323 EDGENOLL ST	63 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Paul Mann PAUL MANN TD Apr. 28, '95 904-596-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number