

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43295**
1. Corporation Name
BROOKRIDGE LIONS CLUB, INC.

(7)



Principal Place of Business
**7300 BROOKRIDGE CENTRAL BLVD
BROOKSVILLE FL 34613
US**

Mailing Address
**7300 BROOKRIDGE CENTER BLVD
BROOKSVILLE FL 34613
US**

3. Date Incorporated or Qualified **05/06/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and Member Applicable

Signature of Registered Agent (signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS DELETE

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MILZ, DONALD R. | |
| STREET ADDRESS | 9193 ADMIRAL ST. | |
| CITY - ST - ZIP | BROOKSVILLE FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | GUYMON, ALVA L. | |
| STREET ADDRESS | 14205 EDMONDS ST. | |
| CITY - ST - ZIP | BROOKSVILLE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MCELROY, BRUCE | |
| STREET ADDRESS | 8575 ELECTRA AVE | |
| CITY - ST - ZIP | BROOKSVILLE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MANN, PAUL | |
| STREET ADDRESS | 8462 ELECTRA AVE | |
| CITY - ST - ZIP | BROOKSVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CHADWICK, TOM W. | |
| STREET ADDRESS | 8061 MONTROSE AVE | |
| CITY - ST - ZIP | BROOKSVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VICKERY, JOHN E. | |
| STREET ADDRESS | 14323 EDGENOLL ST | |
| CITY - ST - ZIP | BROOKSVILLE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 11 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | HAGENBRUCH, EDWARD | |
| 13 STREET ADDRESS | 7538 MONTROSE AVE. | |
| 14 CITY - ST - ZIP | BROOKSVILLE, FL 34613 | |
| 21 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | DARBY, FLOYD | |
| 23 STREET ADDRESS | 14378 NEUTARINE ST. | |
| 24 CITY - ST - ZIP | BROOKSVILLE, FL 34613 | |
| 31 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | DANIELS, NANCY | |
| 33 STREET ADDRESS | 9163 ADMIRAL ST. | |
| 34 CITY - ST - ZIP | BROOKSVILLE, FL 34613 | |
| 41 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | MILZ, DONALD R. | |
| 43 STREET ADDRESS | 9193 ADMIRAL ST. | |
| 44 CITY - ST - ZIP | BROOKSVILLE, FL 34613 | |
| 51 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | DOOLEY, CHARLES | |
| 53 STREET ADDRESS | 8021 DELLROSE AVE. | |
| 54 CITY - ST - ZIP | BROOKSVILLE, FL 34613 | |
| 61 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | BOYATT, PAUL | |
| 63 STREET ADDRESS | 7509 MISSION ST. | |
| 64 CITY - ST - ZIP | BROOKSVILLE, FL 34613 | |

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)(k), 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 L. Mann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
Date

904 (352)
596-1761
Date or Phone #

CR2E037 (12/95)