

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90054 001 ****61.25



NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N 43295**
 1. Corporation Name **BROOKRIDGE LIONS CLUB INC.**
7300 BROOKRIDGE CENTER BLVD.
BROOKSVILLE FL, 34613

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		5/6/91	N 43295
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2741110	Applied For
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DONALD MILZ 9193 ADMIRAL ST. BROOKSVILLE FL, 34613				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER MARZULLO	1.2 NAME	
STREET ADDRESS	13367 CANDIA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL, 34609	1.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY DANIELS	2.2 NAME	
STREET ADDRESS	9163 ADMIRAL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL, 34613	2.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD MILZ	3.2 NAME	
STREET ADDRESS	9193 ADMIRAL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL, 34613	3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DAY	4.2 NAME	
STREET ADDRESS	15393 BROOKRIDGE BLVD, E	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL, 34613	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLENE MILZ	5.2 NAME	
STREET ADDRESS	9193 ADMIRAL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL, 34613	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDY BUCHNER	6.2 NAME	
STREET ADDRESS	8088 MORIAH	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL, 34613	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: DONALD MILZ *Donald Milz* 6/1/99 352-597-4598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)