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NONPROFIT CORPORATION ANNUAL REPORT

1997

LECANTO FL

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

N93000000090 (1)

CRYSTAL RIVER LIONS CLUB RAILROAD STATION RESTOR ATION AND PRESERVATION FOUNDATION, INC.

Principal Place of Business Mailing Address 109 CYRSTAL ST. P.O. BOX 278 CRYSTAL RIVER FL CRYSTAL RIVER FL 34423-0278 3a. Date of Last Report 03/27/1996 3. Date Incorporated or Qualified 01/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0450302 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation has tiability for intangible tax under s. 199.032, 24 25 ☐ Yes ☐ No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEPHENS, HAROLD B 82 Street Address (P.O. Box Number is Not Acceptable) 825 N. CITRUS AVE. 83 **CRYSTAL RIVER FL 32629** 84 Zip Code City Pursuant to the provisions of Sociions 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE Change Addition NAME BALLIERN, HERBERT 1.D NAME STREET ADDRESS 113 N. POMPEO AVE. 1.3 STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE MARION J. BRUGGINK 1179 H. Lion Cub Pt. NAME Dubble, Roger 2.2 NAME 9021 E. AQUA VISTA DR. STREET ADDRESS 2.3 STREET ADDRESS Lecanto INVERNESS FL 34450 CITY-ST-ZIP 2.4 CITY-ST-ZIP □ DELETE TITLE 3.1 TITLE ☐ Change Addition NAME **DUMAS, BROWN JR** 3 D NAME 291 S. GARDINIA ST. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 3.4. CITY-ST-ZIP DELETE Change TITLE 49 TITLE Addition NAME FREDERICK, STEPHEN 4 2 NAME 7012 W. PINEBROOK ST. STREET ADDRESS 4.B STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE TITLE 5.1 TOLE Change Addition FREDERICK, VERA NAME 5.2 NAME STREET ADDRESS 7012 W. PINEBROOK ST. 5.B STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP 5.4 DITY-ST-ZIP DELETE Addition TITLE 6.4 TITLE Change BRUGGINK, LOWELL L NAME 6.2 NAME 1179 N. LION CUB PT. STREET ADDRESS 6.B STREET ADDRESS

6.4 City-ST-ZIP

14. I do 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 chapted, or on an attachment with an address.

FILED
May 20 1997 8:00am
Secretary of State

