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FILED

Mar 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002210 (1)

1. Corporation Name

JACKSONVILLE BEACHES LIONS CLUB, INC.



Principal Place of Business

Mailing Address

319 LIONS ROAD  
JACKSONVILLE FL 32250  
US319 LIONS ROAD  
JACKSONVILLE FL 32250-35953. Date Incorporated or Qualified  
05/04/19953a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21. Same As Above  
Suite, Apt. #, etc.26. Same As Above  
Suite, Apt. #, etc.4. FEI Number  
59-1265511Applied For  
Not Applicable

22. City &amp; State

27. City &amp; State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23. Zip Country

28. Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24. 25.

29. 30.

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

NOE, WILLIAM G JR  
599 ATLANTIC BEACH BLVD., SUITE 6  
ATLANTIC BEACH FL 32233

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 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 D ☐ DELETE  
NAME DENOEWER, EDWARD  
STREET ADDRESS 355 MONUMENT ROAD  
CITY-ST-ZIP JACKSONVILLE FL 322251.1 TITLE ☐ Change ☒ Addition  
1.2 NAME CARL HARRELL  
1.3 STREET ADDRESS 1043 SEABAUZE AVE  
1.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250TITLE D ☐ DELETE  
NAME FARNELL, JOHN  
STREET ADDRESS 4265 COQUINA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 322502.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME FARNELL, THERESA  
STREET ADDRESS 4265 COQUINA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 322503.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)