


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90057 021 ****61.25

54029380

DOCUMENT # N95000002210 1. Entity Name JACKSONVILLE BEACHES LIONS CLUB, INC.					
Principal Place of Business 319 LIONS ROAD JACKSONVILLE, FL 32250 US			Mailing Address 319 LIONS ROAD JACKSONVILLE, FL 32250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1265511	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOE, WILLIAM G JR 599 ATLANTIC BEACH BLVD., SUITE 6 ATLANTIC BEACH, FL 32233			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	P	
NAME	RICHARDS, RICHARD W		NAME	CARROLL, CHARLES R.	
STREET ADDRESS	4549 SHAKY LEAF LANE N		STREET ADDRESS	1841 N. SHERRY DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	S		TITLE	VP	
NAME	RICHARDS, FAY E		NAME	NAVICKAS, LEONARD	
STREET ADDRESS	4549 SHAKY LEAF LANE N		STREET ADDRESS	1353 TROPIC REGRET DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	T		TITLE	S/T	
NAME	YOUNG, M. DELORES		NAME	YOUNG-WILKINS, M. DELORES	
STREET ADDRESS	12006 ARBOR LAKE DR		STREET ADDRESS	201 TENTH AVE NORTH #207	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	D		TITLE		
NAME	DIXON, SUE		NAME		
STREET ADDRESS	931 SCHOONERS BAY		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	ROBERTS, DEE		NAME		
STREET ADDRESS	1814 GROVE STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	CRUMPTON, DICK		NAME		
STREET ADDRESS	14386 AQUA VISTA DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>M. Delores Young-Wilkins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-7-04 (904) 241-4962 <small>Daytime Phone #</small>		