

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

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



03182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1265511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CARROLL, CHARLES R
STREET ADDRESS 1841 N SHERRY DR.
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE VP
NAME NAVICKAS, LEONARD
STREET ADDRESS 13353 TROPIC EGRET DR.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ST
NAME YOUNG, M. DELORES
STREET ADDRESS 201 TENTH AVE. NORTH, #207
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

M.D. Young M.D. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05 904 241-4962

Date

Daytime Phone #