2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002210

Entity Name: JACKSONVILLE BEACHES LIONS CLUB, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Busine	Current Principal Place of Business:	New Principal Place of Business
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319 LIONS RD

JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address: New Mailing Address:

P.O. BOX 50555

JACKSONVILLE BEACH, FL 32240

FEI Number: 59-1265511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRELL, THOMAS C

14181 BEACH BLVD., SUITE #5

JACKSONVILLE, FL 32250 US

MATTESON, MICHELLE C TR

14274 CRYSTAL COVE DRIVE SOUTH

JACKSONVILLE, FL 32224 US

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.

SIGNATURE: MICHELLE C MATTESON 02/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FISETTE, ROBERT BAKER, RICHARD J Name: Name: 4524 CHARLES BENNETT Address: 1005 22ND STREET NORTH Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE BEACH, FL 32250 Title: () Delete Title: (X) Change () Addition Name: EISCH, STEPHEN Name: FISETTE, CHARLES Address: 76 JARDIN DE MER PLACE Address: 4524 CHARLES BENNETT DRIVE

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE, FL 32225

Title: ST () Delete Title: () Change () Addition

 Name:
 ROBERTS, DELORES
 Name:

 Address:
 1814 GROVE STREET
 Address:

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:

Title: TR () Delete Title: TR (X) Change () Addition Name: HARRELL, THOMAS C Name: MATTESON, MICHELLE C

Address: 14181 BEACH BLVD., SUITE #5 Address: 14274 CRYSTAL COVE DRIVE SOUTH

City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 SCHAAF, PATRICIA

 Address:
 Address:
 1218 NIPIGON AVE SOUTH

 City-St-Zip:
 City-St-Zip:
 ATLANTIC BEACH, FL 32233

Title: () Delete Title: D () Change (X) Addition

Name:Name:CARROLL, CHARLES RAddress:Address:1841 NORTH SHERRY DRIVECity-St-Zip:City-St-Zip:ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE C MATTESON TR 02/05/2009