

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002210

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** JACKSONVILLE BEACHES LIONS CLUB, INC.

**Current Principal Place of Business:**

319 LIONS RD  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50555  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 59-1265511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MATTESON, MICHELLE C TR  
14274 CRYSTAL COVE DRIVE SOUTH  
JACKSONVILLE, FL 32224 US

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

DIXON, SUSAN C TR  
931 SCHOONERS BAY DR  
ATLANTIC BEACH, FL 32233 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: SUSAN DIXON

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FISETTE, CHARLES  
Address: 4524 CHARLES BENNETT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: P  
Name: CARROLL, CHARLES  
Address: 1841 NORTH DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ST  
Name: SCHAAF, PATRICIA  
Address: 1218 NIPIGON AVE. SOUTH  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TR  
Name: DIXON, SUSAN C  
Address: 931 SCHOONERS BAY DR  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby 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 all other like empowered.

SIGNATURE: SUSAN C DIXON

TR

04/12/2012

Electronic Signature of Signing Officer or Director

Date