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Aug 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004905 (4)
 1. Corporation Name
KEY WEST LIONS CLUB, INC.



Principal Place of Business 2405 NORTH ROOSEVELT BLVD. KEY WEST FL 33040	Mailing Address P.O. BOX 132 KEY WEST FL 33040
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3. Date Incorporated or Qualified 10/16/1995	
4. FEI Number 59-6151274	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
ALLEN, JOSEPH B III
817 WHITEHEAD STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
600002624826
06/25/98-01004--010
 83
*****61.25**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ADAMS, JIM
STREET ADDRESS	1025 18TH TERR.
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	FARKAS, RICHARD
STREET ADDRESS	20 FLIPPER RD.
CITY-ST-ZIP	KEY WEST FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BOA, MANUAL
STREET ADDRESS	1200 4TH ST.
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOORE, HERMAN K
STREET ADDRESS	1021 JOHNSON ST.
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> DELETE
NAME	REPPENHAGEN, ART
STREET ADDRESS	1418 LAIRD ST.
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMPSON, MERVIN
STREET ADDRESS	1320 7TH ST.
CITY-ST-ZIP	KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COHEN, Marty
1.3 STREET ADDRESS	3930 S. Roosevelt Blvd.,
1.4 CITY-ST-ZIP	Key West, FL 33040
2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERRY, Tate
2.3 STREET ADDRESS	1503 18th Street,
2.4 CITY-ST-ZIP	Key West, FL 33040
3.1 TITLE	VAN MATER, Lori <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1020 Olivia Street,
3.3 STREET ADDRESS	Key West, FL 33040
3.4 CITY-ST-ZIP	
4.1 TITLE	D PEREZ, Charles <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2412 Seidenberg Ave.
4.3 STREET ADDRESS	Key West, FL 33040
4.4 CITY-ST-ZIP	
5.1 TITLE	D O'BRIEN, Betty <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1418 Laird Street
5.3 STREET ADDRESS	Key West, FL 33040
5.4 CITY-ST-ZIP	
6.1 TITLE	D SNOW, Carrie <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1115 Varela Street
6.3 STREET ADDRESS	Key West, FL 33040
6.4 CITY-ST-ZIP	

14. 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 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: *Joseph B. Allen* 8/11/98 305/296-3813

CFR2E037 (10/97)