


FILE NOW: FILING FEE IS \$61.25

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Aug 25 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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	Mailing Address
<b>2405 NORTH ROOSEVELT BLVD. KEY WEST FL 33040</b>	<b>P.O. BOX 132 KEY WEST FL 33040</b>

3. Date Incorporated or Qualified	10/16/1995
4. FEI Number	59-6151274
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

9. Name and Address of Current Registered Agent
<b>ALLEN, JOSEPH B III 817 WHITEHEAD STREET KEY WEST FL 33040</b>

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JIM	1.2 NAME	COHEN, Marty
STREET ADDRESS	1025 18TH TERR.	1.3 STREET ADDRESS	3930 S. Roosevelt Blvd.,
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARKAS, RICHARD	2.2 NAME	BERRY, Tate
STREET ADDRESS	20 FLIPPER RD.	2.3 STREET ADDRESS	1503 18th Street,
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VAN MATER, Lori <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOA, MANUAL	3.2 NAME	1020 Olivia Street,
STREET ADDRESS	1200 4TH ST.	3.3 STREET ADDRESS	Key West, FL 33040
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D PEREZ, Charles <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, HERMAN K	4.2 NAME	2412 Seidenberg Ave.
STREET ADDRESS	1021 JOHNSON ST.	4.3 STREET ADDRESS	Key West, FL 33040
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D O'BRIEN, Betty <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPPENHAGEN, ART	5.2 NAME	1418 Laird Street
STREET ADDRESS	1418 LAIRD ST.	5.3 STREET ADDRESS	Key West, FL 33040
CITY-ST-ZIP	KEY WEST FL 33040	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D SNOW, Carrie <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MERVIN	6.2 NAME	1115 Varela Street
STREET ADDRESS	1320 7TH ST.	6.3 STREET ADDRESS	Key West, FL 33040
CITY-ST-ZIP	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

CR2E037 (10/97)