

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005878 (2)

1. Corporation Name

LIONS CLUB COMMUNITY HALL BUILDING, INC.

Principal Place of Business

**2405 NORTH ROOSEVELT BLVD.
KEY WEST FL 33040**

Mailing Address

**2405 NORTH ROOSEVELT BLVD.
KEY WEST FL 33040**



3. Date Incorporated or Qualified

12/13/1995

3a. Date of Last Report

2. Principal Place of Business

21 2405 N. Roosevelt Blvd.

2a. Mailing Address

26 P. O. Box 132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Key West, FL 33040

City & State

28 Key West, FL 33040

Zip

24 33040

Country

25 Monroe

Zip

29 33040

Country

30 Monroe

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALLEN, JOSEPH B III
617 WHITEHEAD ST.
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME ALLEN, JOE
STREET ADDRESS 813 WADDELL AVE.
CITY-ST-ZIP KEY WEST FL 33040**

TITLE ☐ DELETE

**V
NAME FARKAS, RICHARD
STREET ADDRESS 20 FLIPPER RD.
CITY-ST-ZIP KEY WEST FL 33040**

TITLE ☐ DELETE

**V
NAME MOORE, HERMAN K
STREET ADDRESS 1021 JOHNSON ST.
CITY-ST-ZIP KEY WEST FL 33040**

TITLE ☐ DELETE

**D
NAME REPPENHAGEN, ART
STREET ADDRESS 1418 LAIRD ST.
CITY-ST-ZIP KEY WEST FL 33040**

TITLE ☐ DELETE

**D
NAME ADAMS, JIM
STREET ADDRESS 1025 TERRACE
CITY-ST-ZIP KEY WEST FL 33040**

TITLE ☐ DELETE

**D
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**200001856322
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***122.50**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)