

NONPROFIT
CORPORATION
ANNUAL REPORT

2000



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

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90213 041 ***150.00

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LIONS CLUB COMMUNITY HALL BUILDING, INC.

Principal Place of Business

Mailing Address

NORTH ROOSEVELT BLVD.
WEST FL 33040

P.O. BOX 132
KEY WEST FL 33040

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/13/1995

4. FEI Number

59-6151274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

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

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

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

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

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

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

TITLE 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 MANUEL BOA ST
1.2 NAME
1.3 STREET ADDRESS 2806 FORTY AVE
1.4 CITY-ST-ZIP KEY WEST FL 33040

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME WILFREDO CEJAS
4.3 STREET ADDRESS #9 BLUE WATER DRIVE
4.4 CITY-ST-ZIP KEY WEST FL 33040

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE CARRIE SNOW
6.2 NAME
6.3 STREET ADDRESS 1115 VARELLA ST
6.4 CITY-ST-ZIP KEY WEST FL 33040

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Manuel Boa
MANUEL BOA

4/30/2000

Date

Daytime Phone # 0024515