## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

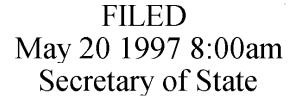
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N96000006118 (1) DOCUMENT #

THE CLEARWATER BREAKFAST LIONS CLUB, INC.





Principal Place o	f Rusiness	Mailing Addr	229							
1856 CAMEO WAY CLEARWATER FL	1856 CAMEO									
	•	, y •				3. Date Incorporated or Qualified 11/25/1996	3a. Date of L	ast Rep	ort	
2. Principal Plac	e of Business		2a. Mailing Address			4. FEI Number 59-34-17344	-	Applied For Not Applicable		
Sulte, Apt. #, (	etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	\$8.75 Additional Fee Required		
City & State		City & Sta	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be			
Zip 24	Country Z <sub>IP</sub> 25 29			Country	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Cu	irrent Registered Age	nt		10. Name and Address of New Registered Agent					
BENSON, ( 1856 CAM				81 82	Name Street Add	dress (P.O. Box Number is Not Acceptab	ole)			
	TER FL 34616									
₹.				84	City		FL 85	Zip Co	de	
agent, I am I	familiar with, and accept the c	obligations of, Section 6	617.0503, Florida (NOTE Regi	Statute	S. int signalure requ	poration submits this statement for the pation's board of directors. I hereby acception when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE			
TITLE	Orriberto		<del></del>	I.I TITLE	î	ADDITIONS/CHANGES TO OFFICE	TO AND DITE	ianne T	Addition	
NAME		L_		1.2 NAME	1 '.	しょん つついつりょう		ange [		
STREET ADDRESS					I	- 0-4 10.4 (5)	حول			
CITY-ST-ZIP				1.4 CITY-5	T 7ID	Linker TER, Pe	34621			
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NAME				2.2 NAME	16	CARY M BENSON				
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				2. 4 CITY-			20 17 7. 1	6		
TITLE				3.4 TITLE		Trumsure in Como	resort 🗆 Ci	ange [	Addition	
NAME			:	3.2 NAME		William Scayson				
STREET ADDRESS				3 & STREET	ADDRESS	mensured formation william Scapson Or (855 yold Or Chennamon, Pl	2.163	,		
CITY-ST-ZIP			-	3.4. CITY-	ST-ZIP	Charles non, El	-3466	·		
TITLE			] DELETE	4.1 TITLE	ŀ		☐ CH	ange [	Addition	
NAME				4. 2 NAME						
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CITY-ST-ZIP				4.4 CITY - 5	IT-ZIP				Agant.	
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NAME		t.					L 0	ango [	AUDITION	
STREET ADDRESS				6,2 NAME	ADDRESS					
CITY-ST-ZIP				6.4 CITY-9						
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14. I do 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.