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Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90010 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004002 ✓

1. Corporation Name

JUPITER/TEQUESTA LIONS CLUB, INC.

Principal Place of Business

P.O. BOX 3204
TEQUESTA FL 33469
US

Mailing Address

P.O. BOX 3204
TEQUESTA FL 33469

* 6 14264-90010-13 4 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/14/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2331446	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
				Not Applicable	
6. Election Campaign Financing				Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

COFFIN, DAVID M
300 ERIE DR.
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFIN, DAVID M	1.2 NAME	
STREET ADDRESS	P.O. BOX 3204	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMIERI, MICHAEL	2.2 NAME	
STREET ADDRESS	4360 COLETTE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	2.4 CITY-ST-ZIP	
TITLE	SO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, PAUL	3.2 NAME	
STREET ADDRESS	1127 SEMINOLE EAST DR., APT. 25-C	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, PAUL	4.2 NAME	
STREET ADDRESS	1127 SEMINOLE EAST DR., APT. 25-C	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FLA. 33477	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Michael U. Kalam...
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 15, 1999 (561) 796-4309
 Date Daytime Phone #

CR2E037 (5/99)