

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 756060 (0)

1. Corporation Name
MARCO ISLAND LION'S CLUB, INC.

Principal Place of Business	Mailing Address
606 BALD EAGLE DR., SUITE 500 P.O. BOX ONE MARCO ISLAND FL 33937	PO BOX ONE MARCO ISLD FL 33969 US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/27/1981**

3a. Date of Last Report **03/04/1994**

4. FEI Number **59-2103618**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

**WOODWARD, CRAIG R., ESQ.
606 BALD EAGLE DR., SUITE 500
ISLAND TOWER BLDG.
MARCO ISLAND FL 33937**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BILL	1.2 NAME	ED VIGNEAU
STREET ADDRESS	645 YUCCA ROAD	1.3 STREET ADDRESS	839 OLD MARCO LANE
CITY - ST - ZIP	MARCO ISLAND FL	1.4 CITY - ST - ZIP	MARCO ISLAND, FL 33937
TITLE	TD	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDIK, TOM	2.2 NAME	
STREET ADDRESS	351 HENDERSON CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLD FL	2.4 CITY - ST - ZIP	
TITLE	PDS	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARCELLES, ROBERT J., JR	3.2 NAME	RONALD GORDON
STREET ADDRESS	1131 VERNON PLACE	3.3 STREET ADDRESS	1204 TREASURE CT.
CITY - ST - ZIP	MARCO ISLAND FL	3.4 CITY - ST - ZIP	MARCO ISLAND, FL 33937
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Ronald F. Gordon* **RONALD F. GORDON** 19 MAR. 95 813 642-8017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pres ident