

**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

**FILED**  
Mar 04 1996 8:00 am  
Secretary of State

**DOCUMENT # 711621 (3)**

1. Corporation Name  
**ST. PETERSBURG LIONS FOUNDATION, INC.**



Principal Place of Business	Mailing Address
330 - 5TH STREET N PO BOX 11734 ST. PETERSBURG FL 33733	P. O. BOX 11734 PO BOX 11734 ST. PETERSBURG FL 33733 US

3. Date Incorporated or Qualified <b>10/13/1966</b>	3a. Date of Last Report <b>03/28/1995</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number <b>59-1224119</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HEISTAND, PAUL K.</b> <b>221 - 2ND AVENUE NORTH</b> <b>ST. PETERSBURG FL 33701</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAUERS, ROBERT H.</b>			1.2 NAME			
STREET ADDRESS	<b>441-47TH STREET, NORTH</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 00000</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRISBIE, EDWARD</b>			2.2 NAME			
STREET ADDRESS	<b>490 ST. TROPEZ CIR. NE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BONITATI, CHARLES</b>			3.2 NAME			
STREET ADDRESS	<b>521 MORENO CIRCLE N.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEISTAND, PAUL</b>			4.2 NAME			
STREET ADDRESS	<b>221-2ND AVE NORTH</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 00000</b>			4.4 CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOYNTON, WILLIAM</b>			5.2 NAME			
STREET ADDRESS	<b>494 ST. TROPEZ CIR. NE.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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:** *Paul K. Heistand* **PAUL K. HEISTAND, Secretary** (813) 822-4745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)