


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90043 007 \*\*\*\*61.25

<b>DOCUMENT # 711621</b>			
1. Entity Name <b>ST. PETERSBURG LIONS FOUNDATION, INC.</b>			
Principal Place of Business 330 - 5TH STREET N PO BOX 11734 ST. PETERSBURG, FL 33733		Mailing Address P. O. BOX 11734 PO BOX 11734 ST. PETERSBURG, FL 33733 US	
2. Principal Place of Business <i>9300 WEST GULF BLVD</i> Suite, Apt. #, etc. <i>TREASURE ISLAND, FL</i> City & State <i>TREASURE ISLAND, FL</i> Zip <i>33706</i>		3. Mailing Address Suite, Apt. #, etc. <i>SOME</i> City & State <i>SOME</i> Zip <i>PINELLAS</i>	
01122005		Chg-NP	CR2E037 (10/03)
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</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MASTERTON, MICHAEL D</b> <b>725 81ST ST N</b> <b>SAINT PETERSBURG, FL 33740</b>		7. Name and Address of New Registered Agent Name <i>CHUCK VANMIDDLESWORTH</i> Street Address (P.O. Box Number is Not Acceptable) <i>678 4th ST. No.</i> City <i>ST. PETERSBURG</i> FL Zip Code <i>33701</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE <i>1/13/05</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MASTERTON, MICHAEL 725 - 81ST ST N ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JEAN CAROL HART 6550 3rd AVE NO ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BONITATI, CHARLES 521 MORENO CIRCLE N. ST. PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHUCK VANMIDDLESWORTH 678-4th ST. NO ST. PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDMANN, BUD 8506-30TH ST E PARRISH, FL -34219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUD WALDMANN 8506 - 30th ST. E. PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VANMIDDLESWORTH, CHARLES 10100 TARPON DR TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS SOULE 3067 MICHIGAN AVENUE ST. PETERSBURG, FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE <i>1/13/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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