


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90043 045 \*\*\*\*70.00

**DOCUMENT # 711621**

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



Principal Place of Business  
**9300 WEST GULF BLVD  
 TREASURE ISLAND, FL 33706**

Mailing Address  
**P. O. BOX 11734  
 PO BOX 11734  
 ST. PETERSBURG, FL 33733 US**

00024506



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07062006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number  
**59-1224119**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**VANMIDDLESWORTH, CHUCK  
 678 4TH STREET NO  
 SAINT PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent  
 Name **DANIEL A. BEAUCHESNE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2634 40TH AVENUE NORTH**  
 City **ST. PETERSBURG FL** Zip Code **33714**

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  **DANIEL A. BEAUCHESNE** **8/4/06**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

Make check payable to  
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HART, JEAN CAROL 6550 2NE AVE NO ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANMIDDLESWORTH, CHUCK 678 4TH ST NO SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete
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	PD SOULE, THOMAS 2067 MICHIGAN AVE NE SAINT PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MIKE MATERSON 725 61ST STREET NORTH ST. PETERSBURG, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MICHELLE BEAUCHESNE 2634 40. AV. N ST. PETERSBURG, FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT TOM BARNHORN 11084 DUNCAN STREET SEMIWOLE, FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DANIEL A. BEAUCHESNE 2634 40. AV. N ST. PETERSBURG, FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **TREASURER** **8/4/06** **727-432-1197**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #