2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 711621

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

Principal Place of Business	Mailing Address
9300 WEST GULF BLVD TREASURE ISLAND, FL 33706	P. O. BOX 11734 PO BOX 11734 ST. PETERSBURG, FL 33733 US

04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1224119
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEAUCHESNE, DANIEL A
2634 40TH AVE NORTH
SAINT PETERSBURG, FL 33714

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	HART, JEANCAROL
STREET ADDRESS	6550 2NE AVE NO
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	VP
NAME	BEAUCHESNE, MICHELLE
STREET ADDRESS	2634 40TH AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	2VP
NAME	BARNHORN, TOM
STREET ADDRESS	11084 DUNCAN ST
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	T
NAME	BEAUCHESNE, DANIEL A
STREET ADDRESS	2634 40TH AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	P
NAME	MATERSON, MIKE
STREET ADDRESS	725 61ST STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000730340
05/08/07-80077-011 61.25

DO NOT WRITE IN THIS SPACE

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: Daniel A. Beauchesne 4/23/07 727-525-5950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #