


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90120 021 \*\*\*\*61.25

**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**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04212008 Chg-NP CR2E037 (12/06)

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**

*CHANGE OF ADDRESS*

7. Name and Address of New Registered Agent

Name *BEAUCHESNE DANIEL A*

Street Address (P.O. Box Number is Not Acceptable)  
*225 65 ST. N*

City *ST. PETERSBURG* FL Zip Code *33710*

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* **DANIEL A. BEAUCHESNE** 4/20/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HART, JEANCAROL 6550 2NE AVE NO ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAUCHESNE, MICHELLE 2634 40TH AVE NORTH SAINT PETERSBURG, FL 33714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP BARNHORN, TOM 11084 DUNCAN ST SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAUCHESNE, DANIEL A 2634 40TH AVE NORTH SAINT PETERSBURG, FL 33714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATERSON, MIKE 725 61ST STREET NORTH SAINT PETERSBURG, FL 33710 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT MICHELLE BEAUCHESNE</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>225 65 ST. N</i> <i>SAINT PETERSBURG, FL 33710</i>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP BROWN DAVE</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>542 SANDY HOOK ROAD</i> <i>TREASURE ISLAND, FL 33706</i>
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 titles empowered.

SIGNATURE *Daniel A. Beauchesne* **DANIEL A. BEAUCHESNE** 4/20/08 727-432-3197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #