

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711621

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ST. PETERSBURG LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

9300 WEST GULF BLVD  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-1224119      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEAUCHESNE, DANIEL A  
225 65ST N  
SAINT PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: HART, JEAN CAROL  
Address: 6550 2NE AVE NO  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: P ( ) Delete  
Name: BEAUCHESNE, MICHELLE  
Address: 225 65 ST N  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: T ( ) Delete  
Name: BEAUCHESNE, DANIEL A  
Address: 2634 40TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: VP ( ) Delete  
Name: BRUEN, DAVE  
Address: 542 SANDY HOOK ROAD  
City-St-Zip: TREASURE ISLAND, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: CANTRELL, LOUIS  
Address: 1032 15TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: T (X) Change ( ) Addition  
Name: BEAUCHESNE, DANIEL A  
Address: 225 65TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL A BEAUCHESNE

T

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date