

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711621

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

**Current Principal Place of Business:**

9300 WEST GULF BLVD  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

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

**FEI Number:** 59-1224119

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title D  
Name HART, JEANCAROL  
Address 6550 2NE AVE NO  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR  
Name WOODWORTH, ANN  
Address 9415 BLIND PASS ROAD  
#404  
City-State-Zip: ST. PETE BEACH FL 33706

Title T  
Name BEAUCHESNE, DANIEL A  
Address 225 65TH STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33710

Title S  
Name MATTERSON, MIKE  
Address 725 61TH STREET N  
City-State-Zip: ST. PETERSBURG FL 33710

Title VP  
Name CANTRELL, LOUIS  
Address 1032 15TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR  
Name BULTER, TIM  
Address 9300 WEST GULF BLVD  
City-State-Zip: TREASURE ISLAND FL 33706

Title PRESIDENT  
Name GRASSO, ROSEMARIE A  
Address 3034 28TH AVENUE N  
City-State-Zip: SAINT PETERSBURG FL 33713

*I hereby 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 all other like empowered.*

**SIGNATURE:** DANIEL A BEAUCHESNE

**TREASURER**

**04/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date