## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 711621** 

Entity Name: ST. PETERSBURG LIONS FOUNDATION, INC.

**FILED** Mar 29, 2016 **Secretary of State** CC9630997523

## **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:

Name

Electronic Signature of Registered Agent

D

Officer/Director Detail:

Title Title **DIRECTOR** 

Name HART, JEANCAROL Name WOODWORTH, ANN

Address 6550 2NE AVE NO Address 9415 BLIND PASS ROAD #404

ST. PETERSBURG FL 33710 City-State-Zip:

ST. PETE BEACH FL 33706 City-State-Zip:

Title Title

BEAUCHESNE, DANIEL A Name Name BRUEN. DAVE Address 225 65TH STREET NORTH

Address 542 SANDY HOOK ROAD

SAINT PETERSBURG FL 33710 City-State-Zip: City-State-Zip: TREASURE ISLAND FL 33706

Title S Title ٧P

MATTERSON, MIKE Name CANTRELL, LOUIS Address 725 61TH STREET N

Address 1032 15TH AVENUE NORTH City-State-Zip: ST. PETERSBURG FL 33710

ST. PETERSBURG FL 33704 City-State-Zip:

**PRESIDENT** Title Name HAYES, SALLY Address PO BOX 25873 City-State-Zip: TAMPA FL 33622

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.

03/29/2016 SIGNATURE: DANIEL A BEAUCHESNE TREASURER

Date