

**2024 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 65TH ST 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           DIRECTOR  
Name           HART, JEANCAROL  
Address        6550 2ND AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title           VP  
Name           HIETALA, CHUCK  
Address        7524 15TH STREET N  
City-State-Zip: ST. PETERSBURG FL 33702

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

Title           SECRETARY  
Name           MASTERSON, MICHAEL  
Address        725 61TH STREET N  
City-State-Zip: ST. PETERSBURG FL 33710

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

Title           PRESIDENT  
Name           HOLLENBECK, BRIAN  
Address        6910 10TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title           DIRECTOR  
Name           GRASSO, ROSE MARY 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**

**03/21/2024**

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

\_\_\_\_\_  
Date