

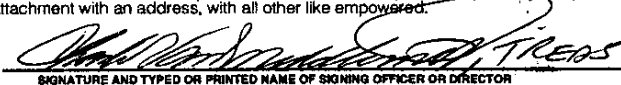


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90043 007 ****61.25

DOCUMENT # 711621 1. Entity Name ST. PETERSBURG LIONS FOUNDATION, INC.			
Principal Place of Business 330 - 5TH STREET N PO BOX 11734 ST. PETERSBURG, FL 33733		Mailing Address P. O. BOX 11734 PO BOX 11734 ST. PETERSBURG, FL 33733 US	
2. Principal Place of Business 9300 WEST GULF BLVD Suite, Apt. #, etc. TREASURE ISLAND, FL City & State TREASURE ISLAND, FL Zip 33706 Country FLORIDA		3. Mailing Address Suite, Apt. #, etc. SOME City & State SOME Zip Country	
4. FEI Number 59-1224119		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTERSON, MICHAEL D 725 81ST ST N SAINT PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name CHUCK - VAN MIDDLESWORTH Street Address (P.O. Box Number is Not Acceptable) 678 4th ST. NO. City ST. PETERSBURG FL Zip Code 33701	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE 1/13/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MASTERSON, MICHAEL 725 - 81ST ST N ST. PETERSBURG, FL 33710	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JEAN CAROL HART 6550 3rd AVE NO ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BONITATI, CHARLES 521 MORENO CIRCLE N. ST. PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHUCK VAN MIDDLESWORTH 678 - 4th ST. NO ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDMANN, BUD 8506-30TH ST E PARRISH, FL 34219	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUD WALDMANN 8506 - 30th ST. E. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VANMIDDLESWORTH, CHARLES 10100 TARPON DR TREASURE ISLAND, FL 33706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS SOULE 3067 MICHIGAN AVENUE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/13/05 Daytime Phone #	

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