

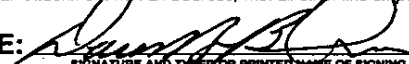


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90043 045 ****70.00

DOCUMENT # 711621 1. Entity Name ST. PETERSBURG LIONS FOUNDATION, INC.					
Principal Place of Business 9300 WEST GULF BLVD TREASURE ISLAND, FL 33706			Mailing Address P. O. BOX 11734 PO BOX 11734 ST. PETERSBURG, FL 33733 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VANMIDDLESWORTH, CHUCK 678 4TH STREET NO SAINT PETERSBURG, FL 33701			Name DANIEL A. BEAUCHESNE Street Address (P.O. Box Number is Not Acceptable) 2634 40TH AVENUE NORTH City ST. PETERSBURG FL Zip Code 33714		
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 			DANIEL A. BEAUCHESNE 8/4/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$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 HART, JEANCAROL 6550 2NE AVE NO ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANMIDDLESWORTH, CHUCK 678 4TH ST NO SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDMANN, BUD 8506 30TH ST E PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOULE, THOMAS 2067 MICHIGAN AVE NE SAINT PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MIKE MATERSON 725 61ST STREET NORTH ST. PETERSBURG, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MICHELLE BEAUCHESNE 2634 40. AV. N ST. PETERSBURG, FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT TOM BARNHORN 11084 DUNCAN STREET SEMIWOLE, FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DANIEL A. BEAUCHESNE 2634 40. AV. N ST. PETERSBURG, FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  TREASURER 8/4/06 727-432-1197 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>					

00024506



07062006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1224119

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**