


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90120 021 \*\*\*\*61.25

<b>DOCUMENT # 711621</b> 1. Entity Name <b>ST. PETERSBURG LIONS FOUNDATION, INC.</b>					
Principal Place of Business <b>9300 WEST GULF BLVD TREASURE ISLAND, FL 33706</b>				Mailing Address <b>P. O. BOX 11734 PO BOX 11734 ST. PETERSBURG, FL 33733 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1224119</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BEAUCHESNE, DANIEL A 2634 40TH AVE NORTH SAINT PETERSBURG, FL 33714</b>  <i>CHANGE OF ADDRESS</i>			Name <b>BEAUCHESNE, DANIEL A</b> Street Address (P.O. Box Number is Not Acceptable) <b>225 65 ST. N</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33710</b>		
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 <i>[Signature]</i> <b>DANIEL A. BEAUCHESNE 4/20/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS HART, JEAN CAROL 6550 2NE AVE NO ST. PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BEAUCHESNE, MICHELLE 2634 40TH AVE NORTH SAINT PETERSBURG, FL 33714</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2VP BARNHORN, TOM 11084 DUNCAN ST SEMINOLE, FL 33772</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T BEAUCHESNE, DANIEL A 2634 40TH AVE NORTH SAINT PETERSBURG, FL 33714</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MATERSON, MIKE 725 61ST STREET NORTH SAINT PETERSBURG, FL 33710</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BROWN, DAVE 542 SANDY HOOK ROAD TREASURE ISLAND, FL 33706</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT MICHELLE BEAUCHESNE 225 65 ST. N SAINT PETERSBURG, FL 33710</b>	<input checked="" 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 <i>[Signature]</i> <b>DANIEL A. BEAUCHESNE</b> <b>TREASURER 4/20/08 727-432-3197</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					