

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2004  
Secretary of State**

DOCUMENT# N00000007077

Entity Name: CLEARWATER EVENING LIONS, INC

**Current Principal Place of Business:**

2021 NOLAN DR  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

2021 NOLAN DR  
DUNEDIN, FL 34698

**New Mailing Address:**

FEI Number: 59-3683972      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENDICOTT, RONALD  
2021 NOLAN DR  
DUNEDIN, FL 34698      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: REVELL, JAMES  
Address: 9 S CORONA AVENUE  
City-St-Zip: CLEARWATER, FL 33764

Title: D      ( ) Delete  
Name: REVELL, NONA  
Address: 9 S CORONA AVENUE  
City-St-Zip: CLEARWATER, FL 33764

Title: D      ( ) Delete  
Name: TINSLEY, GEORGE  
Address: 1625 GOLF VIEW DR  
City-St-Zip: BELLEAIR, FL 34616

Title: P      ( ) Delete  
Name: BENSON, GARY  
Address: 1856 CAMEO WAY  
City-St-Zip: CLEARWATER, FL 33756

Title: S      ( ) Delete  
Name: ENDICOTT, RONALD  
Address: 2021 NOLAN DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: T      ( ) Delete  
Name: FRANTOM, WILLIAM  
Address: 1245 UNION STREET  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RONALD S. ENDICOTT

S

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date