

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007077

FILED  
Jan 24, 2005  
Secretary of State

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:**

ENDICOTT, RONALD S  
2021 NOLAN DR  
DUNEDIN, FL 34698 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: RONALD S. ENDICOTT

01/24/2005

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: T (X) Change ( ) Addition  
Name: LAVERY, CHARLES  
Address: 1365 WESTLAKE BLVD.  
City-St-Zip: PALM HARBOR, FL 34683

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: CHARLES LAVERY

T

01/24/2005

Electronic Signature of Signing Officer or Director

Date