

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007077

FILED
Jan 08, 2006
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 S
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: LAVERY, CHARLES
Address: 1365 WESTLAKE BLVD.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DAMON, ARTHUR
Address: 2339 ST. CHARLES DR.
City-St-Zip: CLEARWATER, FL 33764

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

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

Title: T (X) Change () Addition
Name: SMITH, FRANK
Address: 250 HIDDEN BROOK DR. , APT. B
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 Chapter 119, 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

Electronic Signature of Signing Officer or Director

S

01/08/2006

Date