

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007077

FILED
Jan 16, 2008
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 (X)

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: DAMON, ARTHUR
Address: 2339 ST. CHARLES DR.
City-St-Zip: CLEARWATER, FL 33764

Title: P () Delete
Name: MELKONIAN, DODGE
Address: 2712 REDFORD COURT
City-St-Zip: CLEARWATER, FL 33761

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

Title: T () Delete
Name: SMITH, FRANK
Address: 250 HIDDEN BROOK DR. , APT. B
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
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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 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

SEC

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date