

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002260

1. Entity Name
THE PINELLAS PARK LIONS FOUNDATION, INC.



Principal Place of Business
**9790 66TH STREET N
LOT 164
PINELLAS PARK, FL 33782-2812**

Mailing Address
**POST OFFICE BOX 535
PINELLAS PARK, FL 33780-0535**



02122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2003786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOZIER, MAURICE B
9790 66TH STREET N
LOT 164
PINELLAS PARK, FL 33782-2812**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-15-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRIBIANO, WAID
9428 133RD STREET N
SEMINOLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOZIER, MAURICE
9790 66TH STREET N #164
PINELLAS PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSSELL, BLAINE
7071 58TH STREET N
PINELLAS PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000830869
02/26/08-80101-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

MAURICE B. LOZIER, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-15-08
727-578-1584