
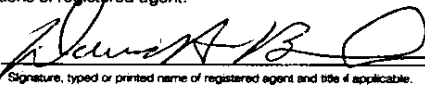
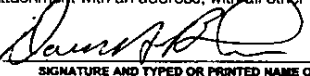


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90120 019 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # N06000008824 1. Entity Name ST. PETERSBURG LIONS CLUB INC. | | | |  | |
| Principal Place of Business 9300 WEST GULF BLVD TREASURE ISLAND, FL 33706 | | | | Mailing Address 9300 WEST GULF BLVD TREASURE ISLAND, FL 33706 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-6153320 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BEAUCHESNE, DANIEL A 2634 40TH AVE NORTH ST. PETERSBURG, FL 33714 <i>CHANGE OF ADDRESS</i> | | | Name BEAUCHESNE DANIEL Street Address (P.O. Box Number is Not Acceptable) 225 65 TH STREET N City ST. PETERSBURG FL Zip Code 33710 | | |
| 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  DANIEL A. BEAUCHESNE 4/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MATERSON, MICHEAL 725 61ST STREET NORTH ST PETE, FL 33710 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BEAUCHESNE, MICHELLE 2634 40 AVE N ST PETE, FL 33714 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT BEAUCHESNE MICHELLE 225 65 ST. N ST. PETERSBURG, FL 33710 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BARNHORN, TOM 11084 DUNCAN ST SEMINOLE, FL 33772 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HART, JEAN CAROL 6550 ND AVENUE N ST PETE, FL 33710 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BEAUCHESNE, DANIEL 2634 40TH AVE N ST PETE, FL 33714 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRUEN DAVID 542 SANDY HOOK ROAD TREASUREN ISLAND, FL 33706 | |
| 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:  DANIEL A. BEAUCHESNE 4/20/08 727-525-5950 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |