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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:53

DOCUMENT # N23942 (8)

1. Corporation Name
LIONS CLUB OF ST. PETERSBURG EVENING, INC.

Principal Place of Business	Mailing Address
C/O HAROLD L. HAMACHER 4018 HELENA STREET, N.E. ST. PETERSBURG FL 33703-6034	C/O HAROLD L. HAMACHER 4018 HELENA STREET, N.E. ST. PETERSBURG FL 33703-6034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6170080 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAMACHER, HAROLD L.
4018 HELENA STREET, N.E.
ST. PETERSBURG FL 33703-6034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GRASSO, PETE S	1.2 NAME	
STREET ADDRESS	3044 28TH AVENUE, NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	~~VPD~~	2.1 TITLE	VPD Charles Bessellieu ☒ Change ☐ Addition
NAME	~~GRASSO, PETE SR~~	2.2 NAME	5025 25th Avenue No.
STREET ADDRESS	~~3044 28TH AVENUE NO.~~	2.3 STREET ADDRESS	St. Petersburg, FL 33702-3522
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	2.4 CITY-ST-ZIP	
TITLE	~~TD~~	3.1 TITLE	D Elizab eth Stuart ☒ Change ☐ Addition
NAME	~~CARTER, DANIEL~~	3.2 NAME	0700 15th ST No.
STREET ADDRESS	~~1950 COCVE CR N 909 HAM~~	3.3 STREET ADDRESS	St. Petersburg, FL 33704-1016
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DECRESIE, RICHARD	4.2 NAME	
STREET ADDRESS	1919 8TH STREET NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	HAMACHER, HAROLD	5.2 NAME	
STREET ADDRESS	4018 HELENA STREET,NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CROSTHWAITE, JOHN	6.2 NAME	
STREET ADDRESS	0139 ELBOW LANE NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John S Crosthwaite 1-16-95 (813) 343-6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN S. CROSTHWAITE

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