

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **12/17/1987** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-6170080		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PPD
NAME	GRASSO, PETE S	1.2 NAME	Grasso, Pete S
STREET ADDRESS	3044 28TH AVENUE, NORTH	1.3 STREET ADDRESS	344 28th Ave. North
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33713-3810
TITLE	VPD	2.1 TITLE	PD
NAME	BESSELLIEU, CHARLES	2.2 NAME	Frederich A. Waldmann
STREET ADDRESS	5025 25TH AVENUE NO.	2.3 STREET ADDRESS	1824 Meadow Lane
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	Clearwater, FL 34624-1742
TITLE	D	3.1 TITLE	
NAME	STUART, ELIZABETH	3.2 NAME	
STREET ADDRESS	3700 15TH ST. NO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
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	
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	
NAME	CROSTHWAITE, JOHN	6.2 NAME	
STREET ADDRESS	8139 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)(k), 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: Harold L. Hamacher *Harold L. Hamacher, Club Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/29/96**

Daytime Phone #

CR2E037 (12/95)