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Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
C/O HAROLD L. HAMACHER
4018 HELENA STREET, N.E.
ST. PETERSBURG FL 33703-6034
Mailing Address
C/O HAROLD L. HAMACHER
4018 HELENA STREET, N.E.
ST. PETERSBURG FL 33703-60343. Date Incorporated or Qualified
12/17/1987
3a. Date of Last Report
02/02/19962. Principal Place of Business
21 Suite, Apt. #, etc.
2a. Mailing Address
26 Suite, Apt. #, etc.4. FEI Number
59-6170080
Applied For
Not Applicable**22** City & State
27 City & State5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****23** Zip
28 Zip6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees****24** Country
29 Country8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No**25** Zip
30 Zip

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 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 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	PPD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRASSO, PETE S	1.2 NAME	Marian Hamacher
STREET ADDRESS	3044 28TH AVENUE, NORTH	1.3 STREET ADDRESS	4018 Helena Street, NE
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33703-6034
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	V.Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALDMANN, FREDERICK A.	2.2 NAME	Eileen Durning
STREET ADDRESS	1824 MEADOW LANE	2.3 STREET ADDRESS	2425 - 19th St. North
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33713-4421
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUART, ELIZABETH Deceased	3.2 NAME	Donald Cox
STREET ADDRESS	3700 15TH ST. NO.	3.3 STREET ADDRESS	3611 Sea Robin Dr. SE
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33705-4037
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSTHWAITE, JOHN	6.2 NAME	John S. Crosthwaite
STREET ADDRESS	8139 ELBOW LANE NORTH	6.3 STREET ADDRESS	8139 Elbow Lane No
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	St. Petersburg, FL 33710-4325

14. I do hereby certify that the information supplied with this filing 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-05-97

813-343-6516

Date Daytime Phone # 0049952

CR2E037 (9/96)