## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N23942

(8)

LIONS CLUB OF ST. PETERSBURG EVENING, INC.					
Principal Plac	ce of Business	Mailing Address		I SUNISION DIN LENNO HILID INTH NIDLO SIES NIDH DIEU	01845 01811 050Z‡ 010\$4 4E0
C/O HAROLD L. HAMACHER 4018 HELENA STREET. N.E. ST. PETERSBURG FL 33703-8034		C/O HAROLD L. HAMACHER 4018 HELENA STREET, N.E. ST. PETERSBURG FL 33703-6034		3. Date Incorporated or Qualified  12/17/1987  4. FEI Number  50.6170000	Applied For
2. Principal F	Place of Business	2a. Mailing Address		59-6170080	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip Country		Zip Country		Yes No	
24	25	<b>⊢</b> ⊸ ' ⊢	Country	8. This corporation owes or has paid the curm	
241	9. Name and Address of Current		301	Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes No
81 Name					3****
HAMACHER, HAROLD L.				TO Day Name of a Net Assessable	
4018 HELENA STREET, N.E.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG FL 33703-6034					
			84 City		lan Zia Caula
				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	t and title it applicable (NOTE:	Registered Agent signature require	ad when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	PPD	☐ DELETE	1,3 TITLE D		Change Addition
NAME	GRASSO, PETE S		1.2 NAME G	rasso,Pete S	
STREET ADDRESS	3044 28TH AVENUE, NORTH			044 28th Avenue North	İ
CITY-ST-ZIP	ST. PETERSBURG FL			t.Petersburg,FL33713	
TITLE	PD	☐ DELETE	2.1 TITLE	$\mathbf{D}$	X Change
NAME	WALDMANN, FREDERICK A.			aldmann, Frederick A.	
STREET ADDRESS	1824 MEADOW LANE			824 Meadow Lane	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP C.	learwater,FL34624	
TITLE	D	☐ DELETE	3.1 TITLE P.		ChangeAddition
NAME	COX, DONALD			leen Durning	·
STREET ADDRESS	3611 SEA ROBIN DR., S.E.			425 19th Street North	ı
CITY-ST-ZIP	ST. PETERSBURG FL	J=J=n=====		t.Petersburg.FL 33713	101
TITLE	D DEODEOIE DIOLLADO	XDELETE	4,1 TITLE	L	Change Addition
NAME	DECRESIE, RICHARD		4, 2 NAME		
STREET ADDRESS	1919 8TH STREET NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL SD	☐ DELETE	4.4 CITY-ST-ZIP		Obsess Dadding
TITLE	<del></del>		5.1 TITLE	L	Change Addition
NAME STREET ADDRESS	HAMACHER, HAROLD 4018 HELENA STREET.NE		5.2 NAME		
	ST. PETERSBURG FL		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change
NAME	CROSTHWAITE, JOHN		6.2 NAME	-	
STREET ADDRESS	8139 ELBOW LANE NORTH		6.3 STREET ADDRESS		1
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		

14. I 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, pron an attachment with an address.

813-343-6516

**FILED** 

Jan 21 1998 8:00am

Secretary of State