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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23942

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 33703-6034



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/17/1987

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

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 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

TITLE D ☐ DELETE
NAME GRASSO, PETE S
STREET ADDRESS 3044 28TH AVENUE, NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE D ☐ DELETE
NAME WALDMANN, FREDERICK A.
STREET ADDRESS 1824 MEADOW LANE
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☐ DELETE
NAME COX, DONALD
STREET ADDRESS 3611 SEA ROBIN DR., S.E.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE PD ☐ DELETE
NAME DURNING, EILEEN
STREET ADDRESS 2425 19TH ST N
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE SD ☐ DELETE
NAME HAMACHER, HAROLD
STREET ADDRESS 4018 HELENA STREET, NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD ☐ DELETE
NAME CROSTHWAITE, JOHN
STREET ADDRESS 8139 ELBOW LANE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Crosthwaite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/99

727-343-6516

Date

Daytime Phone #

CR2E037 (1/98)