FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9600003267 (9)

LIONS FOUNDATION OF ST. PETE BEACH, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business Mailing Address

POST OFFICE BOX 66193
ST. PETE BEACH FL 33736

POST OFFICE BOX 66193
ST. PETE BEACH FL 33736

26

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Jan 23 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified

☐ Yes

7. Is this nonprofit corporation a homeowners association?

6. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

No XX

Not Applicable

06/17/1996

59-3409421

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

ENTWISTLE, CHARLES W 10117 YACHT CLUB DRIVE			Stroot	Address (P.O. Box Number is Not Acceptable)		
			0110017	Address (i . C. Dox Multiper is Not Acceptable)		
TREASL	IRE ISLAND FL 33706	83				
		84	City	85 Zip Code		
		"	Ony	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the	-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 617.0508, Florida Statutes.						
SIGNATURE Signature by printed name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		3. 1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	UPLA PAPA			Criange (Audinon		
	TOO OUR IOUAND DONE OFF ANA	2 NAME				
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TITLE			Ì	C Cyaniga C Munition		
NAME :		NAME	4000roz			
STREET ADDRESS			ADDRESS			
CITY-ST-ZIP		CITY-S		d in Section 110 07(3Vi). Florida Statutes I further certify that the information		
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.						

Country

B1 Name

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