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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90062 047 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003267

1. Corporation Name

LIONS FOUNDATION OF ST. PETE BEACH, INC.

Principal Place of Business

POST OFFICE BOX 66193  
ST. PETE BEACH FL 33736

Mailing Address

POST OFFICE BOX 66193  
ST. PETE BEACH FL 33736

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/17/1996

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3409421

Applied For

Not Applicable

22

27

City &amp; State

City &amp; State

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENTWISTLE, CHARLES W  
10117 YACHT CLUB DRIVE  
TREASURE ISLAND FL 33706

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 D ☐ DELETE  
NAME HELD, FRED  
STREET ADDRESS 7700 SUN ISLAND DRIVE STE 601  
CITY-ST-ZIP SO PASADENA FL 337071.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME KELBAUGH, TIM  
STREET ADDRESS 348 COREY AVENUE STE. B  
CITY-ST-ZIP ST. PETE BEACH FL 337062.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME WOLK, BERNARD  
STREET ADDRESS 4950 GULF BLVD. STE 204  
CITY-ST-ZIP ST. PETE BEACH FL 337063.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W. Entwistle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)