

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N96000003267

1. Entity Name

LIONS FOUNDATION OF ST. PETE BEACH, INC.



**FILED
Feb 07, 2005 8:00 am
Secretary of State**

02-07-2005 90045 037 ****61.25

40013039



1st MOORE CR2E037 (10/04)

Principal Place of Business		Mailing Address	
POST OFFICE BOX 66193 ST. PETE BEACH FL 33736		POST OFFICE BOX 66193 ST. PETE BEACH FL 33736	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ENTWISTLE, CHARLES 10117 YACHT CLUB DRIVE TREASURE ISLAND FL 33706-3152		Name NEWARK, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 4545 PLAZA WAY ST. PETE BEACH, FL. 33706-2513 City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia Newark* PATRICIA NEWARK TUESDAY FEBRUARY 1, 2005

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWARK, PATRICIA 4545 PLAZA WAY SAINT PETERSBURG FL 33706-2513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELD, FRED 7700 SUN ISLAND DRIVE #601 S. PASADENA FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTWISTLE, CHARLES 10117 YACHT CLUB DRIVE TREASURE ISLAND FL 33706-3152	<input checked="" type="checkbox"/> Delete	D. STEBELTON, AGNES 1868 SHORE DR. S., #311 SOUTH PASADENA, FL. 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Newark*