

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90072 037 \*\*\*\*61.25

**DOCUMENT # N96000003267**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number

59-3409421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWARK, PATRICIA  
4545 PLAZA WAY  
TREASURE ISLAND FL 33706-3152

7. Name and Address of New Registered Agent

Name NEWARK, PATRICIA E.

Street Address (P.O. Box Number is Not Acceptable)

4545 PLAZA WAY

City ST. PETE BEACH, FL

Zip Code 33706-2513

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 E. Newark*

PATRICIA E. NEWARK 2/5/06

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	NEWARK, PATRICIA	4545 PLAZA WAY	SAINT PETERSBURG FL 33706-2513	<input type="checkbox"/>
D	HELD, FRED	7700 SUN ISLAND DRIVE #601	S. PASADENA FL 33707	<input type="checkbox"/>
D	STEBELTON, AGNES	1868 SHORE DR. S. #311	SAINT PETERSBURG FL 33707	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	NEWARK, PATRICIA E.	4545 PLAZA WAY	ST. PETE BEACH, FL 33706-2513	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 E. Newark* PATRICIA E. NEWARK 2/5/06 727-360-7339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #