

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003267

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: LIONS FOUNDATION OF ST. PETE BEACH, INC.

## Current Principal Place of Business:

POST OFFICE BOX 66193  
ST. PETE BEACH, FL 33736

## New Principal Place of Business:

4545 PLAZA WAY  
ST. PETE BEACH, FL 337062513 US

## Current Mailing Address:

POST OFFICE BOX 66193  
ST. PETE BEACH, FL 33736

## New Mailing Address:

POST OFFICE BOX 66193  
ST. PETE BEACH, FL 337366193 US

FEI Number: 59-3409421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NEWARK, PATRICIA E  
4545 PLAZA WAY  
TREASURE ISLAND, FL 337063152 US

## Name and Address of New Registered Agent:

NEWARK, PATRICIA E  
4545 PLAZA WAY  
ST PETE BEACH, FL 337062513 US

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.

SIGNATURE:

01/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NEWARK, PATRICIA E  
Address: 4545 PLAZA WAY  
City-St-Zip: SAINT PETERSBURG, FL 337062513

Title: D ( ) Delete  
Name: HELD, FRED  
Address: 7700 SUN ISLAND DRIVE #601  
City-St-Zip: S. PASADENA, FL 33707

Title: D ( ) Delete  
Name: STEBELTON, AGNES  
Address: 1868 SHORE DR. S. #311  
City-St-Zip: SAINT PETERSBURG, FL 33707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NEWARK, PATRICIA E  
Address: 4545 PLAZA WAY  
City-St-Zip: ST PETE BEACH, FL 337062513 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA E. NEWARK

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date