

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009177

Entity Name: ST. PETERSBURG LACROSSE CLUB, INC.**Current Principal Place of Business:**5020 18TH AVENUE NORTH
ST. PETERSBURG, FL 33710**Current Mailing Address:**PO BOX 41261
ST. PETERSBURG, FL 33743 US**FEI Number:** 59-3786520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, DOUGLAS
5020 18TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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:** DOUGLAS SMITH

02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SMITH, KIRK
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

Title PRESIDENT
Name BODELL, CAMERAN
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

Title DIRECTOR
Name BAKER, CHRIS
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

Title OTHER
Name MULRONEY, PAT
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

Title SECRETARY
Name BODELL, KASANDRA
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

Title VP
Name FLANIGAN, MIKE
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

Title OTHER
Name HANSEN, JAY
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

Title OFFICER
Name MCCANN, TOM
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

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I hereby 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 all other like empowered.

SIGNATURE: KIRK SMITH

CHAIRMAN

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SEKAS, KAYTIE
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743

Title DIRECTOR
Name MAIALE, ADAM
Address PO BOX 41261
City-State-Zip: ST. PETERSBURG FL 33743