

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009177

**Entity Name:** ST. PETERSBURG LACROSSE CLUB, INC.**Current Principal Place of Business:**6247 24TH AVE. N.  
ST. PETERSBURG, FL 33710**Current Mailing Address:**PO BOX 7291  
ST. PETERSBURG, FL 33734 US**FEI Number:** 59-3786520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RASMUSSEN, COURTNEY  
6247 24TH AVE. N.  
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:** COURTNEY RASMUSSEN

01/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	SMITH, KIRK
Address	PO BOX 7291
City-State-Zip:	ST. PETERSBURG FL 33734

Title	VP
Name	ASIF, MO
Address	PO BOX 7291
City-State-Zip:	ST. PETERSBURG FL 33734

Title	PRESIDENT
Name	ESPRO, FRED
Address	PO BOX 7291
City-State-Zip:	ST. PETERSBURG FL 33734

Title	SECRETARY
Name	RASMUSSEN, COURTNEY
Address	PO BOX 7291
City-State-Zip:	ST. PETERSBURG FL 33734

Title	TREASURER
Name	FOWLER, JET
Address	PO BOX 7291
City-State-Zip:	ST. PETERSBURG FL 33734

Title	VP
Name	BIANCO, FRANK
Address	PO BOX 7291
City-State-Zip:	ST. PETERSBURG FL 33734

*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:** COURTNEY RASMUSSEN**SECRETARY**

01/06/2019

Electronic Signature of Signing Officer/Director Detail

Date