

**2023 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 7291  
ST. PETERSBURG, FL 33734 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

01/30/2023

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 PRESIDENT  
Name BODELL, CAMERAN  
Address PO BOX 7291  
City-State-Zip: ST. PETERSBURG FL 33734

Title DIRECTOR  
Name SHACKELFORD, KRISTEN  
Address PO BOX 7291  
City-State-Zip: ST. PETERSBURG FL 33734

Title OTHER  
Name HANSEN, JAY  
Address PO BOX 7291  
City-State-Zip: ST. PETERSBURG FL 33734

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

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

Title DIRECTOR  
Name BAKER, CHRIS  
Address PO BOX 7291  
City-State-Zip: ST. PETERSBURG FL 33734

Title OTHER  
Name MULRONEY, PAT  
Address PO BOX 7291  
City-State-Zip: ST. PETERSBURG FL 33734

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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:** DOUGLAS KIRK SMITH

CHAIRMAN

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	OFFICER
Name	MCCANN, TOM
Address	PO BOX 7291
City-State-Zip:	ST. PETERSBURG FL 33734