

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717317 (2)**  
 1. Corporation Name  
**ST. PETERSBURG COIN CLUB, INC.**



Principal Place of Business	Mailing Address
P O BOX 7626 ST. PETERSBURG FL 33734-7626 US	P O BOX 7626 ST. PETERSBURG FL 33734-7626 US

3. Date Incorporated or Qualified <b>10/08/1969</b>	3a. Date of Last Report <b>03/15/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2417390</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

*SAME*

*SAME*

*PINELLAS*

**9. Name and Address of Current Registered Agent**  
**ROUSSELL, ROBERT**  
**1104-17TH AVE N.**  
**STE 203**  
**ST. PETERSBURG FL 33704**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> VONDERHAAR, RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6809 - 122ND ST. N.</b>	1.2 NAME	<b>D BILL BAKER</b>
STREET ADDRESS	<b>SEMINOLE FL</b>	1.3 STREET ADDRESS	<b>6800 - 17 ST. S</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>ST. PETE, FL 33712</b>
TITLE	<b>V</b> CAWTHON, JOHN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1517 NORFOLK ST NORTH</b>	2.2 NAME	<b>STEPHEN D. SALG</b>
STREET ADDRESS	<b>ST. PETERSBURG FL</b>	2.3 STREET ADDRESS	<b>5235-20 ST. N</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>ST. PETERSBURG FL 33704</b>
TITLE	<b>S</b> IRWIN, EDWARD, B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5200 28TH ST N L529</b>	3.2 NAME	<b>S SAME</b>
STREET ADDRESS	<b>PINELLAS PARK FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<b>P</b> ROUSELL, ROBERT J	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1104-17TH AVE N</b>	4.2 NAME	<b>P SAME</b>
STREET ADDRESS	<b>ST PETERSBURG FL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>33704</b>
TITLE	<b>T</b> SALG, STEPHEN D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5235-20TH ST. N.</b>	5.2 NAME	<b>T BRENDA J. PENDLEY</b>
STREET ADDRESS	<b>ST. PETERSBURG FL</b>	5.3 STREET ADDRESS	<b>3840 - 61 ST NO.</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33709</b>
TITLE	<b>D</b> GERHART, LARRY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11632 92ND WAY N</b>	6.2 NAME	<b>D JOHN CARNEY</b>
STREET ADDRESS	<b>LARGO FL</b>	6.3 STREET ADDRESS	<b>334 - 48 AVE No #136</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>ST. PETE, FLA - 33703</b>

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Brenda J. Pendley 6-11-96**  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_