

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 P O BOX 7626 ST. PETERSBURG FL 33734-7626 US	Mailing Address P O BOX 7626 ST. PETERSBURG FL 33734-7626 US
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3. Date Incorporated or Qualified 10/08/1969	3a. Date of Last Report 06/28/1996
4. FEI Number 59-2417390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22	Suite, Apt. #, etc. 27
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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	D BAKER, BILL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6800 17ST S	1.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V SLAG, STEPHEND	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5235 20 ST NO	2.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S IRWIN, EDWARD, B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5200 28TH ST N L529	3.2 NAME	
STREET ADDRESS	PINELLAS PARK FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P ROUSELL, ROBERT J	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1104-17TH AVE N	4.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T PENDLEY, BRENDA J	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3840 61 ST N	5.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D CARNEY, JOHN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	334 48 ANE NO 136	6.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ Date: 3-13-97 813 626-2050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Omy:me 17:00 # 0051403

CR2E037 (9/96)