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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2417390		

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	NAME BAKER, BILL	1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6800 17ST S	CITY-ST-ZIP ST PETESBURG FL	1.2 NAME	1.2 NAME Robert S. Thompson
1.3 STREET ADDRESS	1.3 STREET ADDRESS 9985 - 56th PLACE No.	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP St. Pete FL 33708
TITLE V	NAME SLAG, STEPHEND	2.1 TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5235 20 ST NO	CITY-ST-ZIP ST. PETERSBURG FL	2.2 NAME	2.2 NAME D LIN OVENHOLTSKI
2.3 STREET ADDRESS	2.3 STREET ADDRESS 17920 - GULF BLVD Apt 2002	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP Redington Shores 33708
TITLE S	NAME IRWIN, EDWARD, B	3.1 TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5200 28TH ST N L529	CITY-ST-ZIP PINELLAS PARK FL	3.2 NAME	3.2 NAME D HARLAND E. JEFFERS
3.3 STREET ADDRESS	3.3 STREET ADDRESS 8335 - 59th ST NO	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP PINELLAS. PARK FL 33781
TITLE P	NAME ROUSELL, ROBERT J	4.1 TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1104-17TH AVE N	CITY-ST-ZIP ST PETERSBURG FL	4.2 NAME	4.2 NAME D JOHN SUTORIUS
4.3 STREET ADDRESS	4.3 STREET ADDRESS 300-1 81ST AVE	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP St. Pete Beach FL 33706
TITLE T	NAME PENDLEY, BRENDA J	5.1 TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3840 61 ST N	CITY-ST-ZIP ST. PETERSBURG FL	5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE D	NAME CARNEY, JOHN	6.1 TITLE <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 334 48 ANE NO 136	CITY-ST-ZIP ST PETERSBURG FL	6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I 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: Robert Rousell **13 March 98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062283

CR2E037 (1097)