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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 717317
 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

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 99 JUN -3 AM 9:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
 21 Christ Lutheran Church 26 1104-17th Ave NO 10/08/1969
 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For
 22 3451-30th Ave NO 27 Not Applicable
 City & State City & State
 23 St. Petersburg FL 28 St. Petersburg FL \$8.75 Additional Fee Required
 Zip 33713 County Pinellas Zip 33704 Country Pinellas
 24 33713 25 Pinellas 29 33704 30 Pinellas
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 ROUSSELL, ROBERT
 1104-17TH AVE N.
 STE 203
 ST. PETERSBURG FL 33704
 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 617.1506, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BILL	1.2 NAME	
STREET ADDRESS	6800 17ST S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAG, STEPHEND	2.2 NAME	
STREET ADDRESS	5235 20 ST NO .	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, EDWARD, B	3.2 NAME	
STREET ADDRESS	5200 28TH ST N L629	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSELL, ROBERT J	4.2 NAME	
STREET ADDRESS	1104-17TH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLEY, BRENDA J	5.2 NAME	
STREET ADDRESS	3940 61 ST N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ROBERT S	6.2 NAME	
STREET ADDRESS	8885 56TH PLACE NO	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33708	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, with all other like empowered.

SIGNATURE: Robert J. Rousell 18 Jan 99 727 898 2554
 SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR Date Daytime Phone #

CR 25037 (1/98)