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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 766134

1. Corporation Name

THE CLEARWATER COIN CLUB, INC.

Principal Place of Business

1250 STARKEY RD #101
LARGO FL 34641
US

Mailing Address

PO BOX 791
CLEARWATER FL 33517
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/14/1982

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2248112

Applied For

Not Applicable

22

City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

33757

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKEY, PETER
1250 STARKEY RD #101
LARGO FL 34641

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME HICKEY, PETER
STREET ADDRESS 1250 STARKEY RD #101
CITY-ST-ZIP LARGO FL 34641

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME ROBERT KOCHER
STREET ADDRESS 434 IMPERIAL DR.
CITY-ST-ZIP LARGO FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS DELETE
NAME CAMPBELL, RUSSELL
STREET ADDRESS 1141 HIGHLAND APT 5
CITY-ST-ZIP DUNEDIN FL 34698

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 2700 Bayshore Blvd. #2112
3.4 CITY-ST-ZIP DUNEDIN, FL 34698

TITLE T DELETE
NAME MARILYN GETZ
STREET ADDRESS 4241 AVANTI CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED

1-15-99

CR2E037 (1/198)