

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003010 (5)

1. Corporation Name
ACTION BINGO, INC.



Principal Place of Business: **1946 12TH STREET BRADENTON FL 34205**
Mailing Address: **2913 24TH STREET WEST BRADENTON FL 34236**

3. Date Incorporated or Qualified: **06/17/1994**
3a. Date of Last Report: **10/18/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26 3521 65th Ave Circle East**
Suite, Apt. #, etc.: **22**
City & State: **23 SARASOTA**
Zip: **24 34243** Country: **25**
City & State: **28 SARASOTA**
Zip: **29 34243** Country: **30 MANATEE**

4. FEI Number: **65-0424770**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ORDWAY, SHIRLEY
2913 24TH STREET WEST
BRADENTON FL 34205**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **3521 65th Ave Circle East**
83
84 City: **SARASOTA** FL 85 Zip Code: **34243**

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: *Shirley Ordway* *Shirley Ordway* **4/29/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORDWAY, SHIRLEY	
STREET ADDRESS	2913 24TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORDWAY, LEILANI	
STREET ADDRESS	2913 24TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, ANNE	
STREET ADDRESS	2155 WOOD STREET, UNIT B-12	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Shirley Ordway* **4/29/96** (941) 957-9604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)