

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001176 (5)

1. Corporation Name
KINGS ISLE BINGO CLUB, INC.



Principal Place of Business: 100 NW KINGS ISLE BLVD, PORT ST LUCIE FL 34986
Mailing Address: 100 NW KINGS ISLE BLVD, PORT ST LUCIE FL 34986

3. Date Incorporated or Qualified: 03/13/1995
3a. Date of Last Report

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

4. FEI Number: 65-0582094
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
**BRESNAHAN, WILLIAM
100 NW KINGS ISLE BLVD
PORT ST LUCIE FL 34986**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PRESIDENT / DIRECTOR
NAME: William Bresnahan
STREET ADDRESS: 416 NW Marsala Terr.
CITY-ST-ZIP: Pt. St. Lucie, FL 34986
TITLE: VICE PRESIDENT - DIRECTOR
NAME: Elizabeth Bresnahan
STREET ADDRESS: 416 NW Marsala Terr.
CITY-ST-ZIP: Pt. St. Lucie, FL 34986
TITLE: SECRETARY
NAME: JEAN COBERT
STREET ADDRESS: 430 N.W. SHERMAN LANE
CITY-ST-ZIP: P.E.L. 34986
TITLE: TREASURER / DIRECTOR
NAME: RODNEY SMITH
STREET ADDRESS: 324 N.W. TUSCANY CT.
CITY-ST-ZIP: P.E.L. 34986

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP: 800001843918
5.1 TITLE: Change Addition
5.2 NAME: ***61.25
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE: Change 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: William Bresnahan - Pres. 3/28/96 407-340-7408
DATE: 3/28/96 DAYTIME PHONE # 407-340-7408

CR2E037 (12/95)