

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2004  
Secretary of State**

DOCUMENT# N95000001176

Entity Name: KINGS ISLE BINGO CLUB, INC.

**Current Principal Place of Business:**

100 NW KINGS ISLE BLVD  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

100 NW KINGS ISLE BLVD  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 65-0582094      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENOIT, MARCIA  
503 NW PORTOFINO LANE  
PORT ST LUCIE, FL 34986      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT      ( ) Delete  
Name: BENOIT, MARCIA  
Address: 503 NW PORTOFINO LANE  
City-St-Zip: PT. ST. LUCIE, FL 34986

Title: VPT      ( ) Delete  
Name: MEE, JOAN  
Address: 7071 NW TUSCANY DR  
City-St-Zip: PT. ST. LUCIE, FL 34986

Title: T      ( ) Delete  
Name: HANUS, PATRICIA  
Address: 545 NW PORTOFINO LANE  
City-St-Zip: PT. ST. LUCIE, FL 34986

Title: ST      ( ) Delete  
Name: POND, MARIE C  
Address: 505 NW PORTOFINO LANE  
City-St-Zip: PT. ST. LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE C POND

ST

01/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date