

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001176

FILED
Feb 16, 2006
Secretary of State

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:

BRESNAHAN, WILLIAM
416 NW MARSALA TERRACE
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: BRESNAHAN, WILLIAM
Address: 416 NW MARSALA TERRACE
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 Chapter 119, 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

02/16/2006

Electronic Signature of Signing Officer or Director

Date