


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736931 (7)**  
1. Corporation Name  
**THE PARADISE SHORES SOCIAL AND SERVICE CLUB, INC**

Principal Place of Business <b>5230 81ST ST NORTH ST PETERSBURG FL 33709</b>	Mailing Address <b>5230 81ST ST NORTH ST PETERSBURG FL 33709-2252</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/29/1976</b>	3a. Date of Last Report <b>04/22/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-1689504</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**NIEMI, JOAN**  
**5246 N 81 ST #17**  
**ST PETERSBURG FL 33709**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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

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	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALLEY, ELTON B.</b>	1.2 NAME	
STREET ADDRESS	<b>5288 81ST STREET NORTH, APT. #9</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIEMI, JOAN</b>	2.2 NAME	
STREET ADDRESS	<b>5246 N 81 ST #17</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOMER, ORA</b>	3.2 NAME	
STREET ADDRESS	<b>5267 81ST ST N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERNS, MARGARET</b>	4.2 NAME	
STREET ADDRESS	<b>5257 N 81 LANE #10</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NARDI, LUCILLE</b>	5.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>5247 81ST STREET N</b>	5.3 STREET ADDRESS	<b>DOROTHY AGNELLO</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	5.4 CITY-ST-ZIP	<b>5356 81ST ST. No. APT. 1</b>
VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOHNE, VIRGINIA</b>	6.2 NAME	
STREET ADDRESS	<b>5246 81ST STREET NORTH, APT. #16</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-97 813-546-0178**

Date

Daytime Phone # 0060597

CR2E037 (9/96)