

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N14551	
1. Entity Name TWIN LAKES BINGO CORPORATION	

Principal Place of Business 3055 BURRIS ROAD FT. LAUDERDALE FL 33314 US	Mailing Address 3055 BURRIS ROAD FT. LAUDERDALE FL 33314 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, HOWARD 465 OCEAN DR #715 MIAMI BEACH FL 33139	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent (not to be applicable) (NOTE: Registered Agent cannot be a corporation or a partnership) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGSBERG, RICHARD 661 NE 195TH STREET #308 NORTH MIAMI BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARBIN, SHERRIE 20101 NE 20TH CT N.M.B. FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000815497 ☐ Change ☐ Addition 02/14/08-80011-009 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, HOWARD 465 OCEAN DRIVE #715 MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard E. Kingsberg* **RICHARD E. KINGSBERG** 1/29/08 904-587-0101