

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714746 (5)

1. Corporation Name

NORTH FLORIDA BINGO ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5824 LONE PINE ROAD
JACKSONVILLE FL 32216

5824 LONE PINE ROAD
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
06/10/1968

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

4. FEI Number

23-7256691

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

10. Name and Address of New Registered Agent

MC LANAHAN, T.E.
5824 LONE PINE ROAD
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

T.E. McLANAHAN

T.E. McLANAHAN Sec/Treas

3/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMRHEIM, JOHN	
STREET ADDRESS	4217 DEVOE PL	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOLIMANI, BILL	
STREET ADDRESS	4360 VICKSBURG AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MC LANAHAN, ED	
STREET ADDRESS	5824 LONE PINE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bill Solimani		
1.3 STREET ADDRESS	4360 Vicksburg Ave		
1.4 CITY-ST-ZIP	Jacksonville FL 32210		
2.1 TITLE	VP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Amrhein		
2.3 STREET ADDRESS	4217 Devoe Pl.		
2.4 CITY-ST-ZIP	Jacksonville, FL 32210		
3.1 TITLE	ED McLANAHAN	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5824 Lone Pine Rd.		
3.3 STREET ADDRESS	Jacksonville, FL 32216		
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	200001791032		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/23/96--01110--020		
5.3 STREET ADDRESS	***61.25		
5.4 CITY-ST-ZIP			
6.1 TITLE	300001791583		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/24/96--01002--001		
6.3 STREET ADDRESS	***61.25		
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:

T.E. McLANAHAN - Sec/Treas

3/29/96

DATE

904

731-8011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)