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Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 322165824 LONE PINE ROAD  
JACKSONVILLE FL 32216-59013. Date Incorporated or Qualified  
06/10/19683a. Date of Last Report  
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDVP  
NAME AMRHEIM, JOHN  
STREET ADDRESS 4217 DEVOE PL  
CITY-ST-ZIP JACKSONVILLE FL 322101.1 TITLE PDVP  
1.2 NAME AMRHEIM, John  
1.3 STREET ADDRESS 4217 DEVOE PL  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE PVD  
NAME SOLIMANI, BILL  
STREET ADDRESS 4380 VICKSBURG AVE  
CITY-ST-ZIP JACKSONVILLE FL 322102.1 TITLE PDVP  
2.2 NAME RAY ROWLAND  
2.3 STREET ADDRESS 18 E. 21<sup>st</sup> Street  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32205TITLE DST  
NAME MC LANAHAN, ED  
STREET ADDRESS 5824 LONE PINE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 322163.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

T.E. Mc Lanahan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/14/97  
Date904 731-8011  
Daytime Phone #0008614

CR2E037 (9/96)