


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90047 025 ****61.25

DOCUMENT # 717317	
1. Entity Name ST. PETERSBURG COIN CLUB, INC.	

Principal Place of Business CHRIST LUTHERAN CHURCH 3451 30TH AVE. NO. ST. PETERSBURG, FL 33713 US	Mailing Address P.O. BOX 48581 ST. PETERSBURG, FL 33713 <i>5015-58 ST. N. Kenneth City, FL 33709</i>
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DO NOT WRITE IN THIS SPACE

04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2417390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILEY, ROBERT
3603 50TH AVENUE NORTH
SAINT PETERSBURG, FL 33713

**DO NOT WRITE
IN THIS SPACE**

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 obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, BILL 6800 17ST S ST PETESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERHOLT, LIN P.O. BOX 8481 MADERIA BEACH, FL 33738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HESTER, JAYNE 5015-58 ST N KENNETH CITY, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILEY, ROBERT 3603 50TH AVENUE NORTH SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDLEY, BRENDA J 3840 61 ST N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEL, BOB 4130-26 AVE N SAINT PETERSBURG, FL 33714

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jayne Hester* *Jayne Hester* 4/25/06 727-403-8662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #