


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 08:00 A
Secretary of State

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 5015-58 ST NORTH KENNETH CITY, FL 33709 US
--	--



04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2417390	Applied For 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000762515
05/28/07-80013-001 61.25

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/07 727-403-8662
Date Daytime Phone #