## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#717317** 

Apr 30, 2009 Secretary of State

Entity Name: ST. PETERSBURG COIN CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

ST. PETE COMMUNITY CHURCH 4601-30 AVE.

ST. PETERSBURG, FL 33713

**New Mailing Address: Current Mailing Address:** 

5015-58 ST NORTH P O BOX 61201

KENNETH CITY, FL 33709 US KENNETH CITY, FL 33784-120 US

FEI Number: 59-2417390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

**OFFICERS AND DIRECTORS:** 

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.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

NELSON, EUGENE NELSON, EUGENE Name: Name: 9030-41 STREET N. Address: 9030-41 STREET N. Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: PINELLAS PARK, FL 33782

Title: () Delete Title: (X) Change ( ) Addition

SUTORIUS, JOHN Name: HERNANDEZ, BUDDY Name: Address: 6315 PELICAN CREEK CROSSING Address: 2621-9AVENUE NORTH

City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: SAINT PETERSBURG, FL 33713

Title: () Delete Title: () Change () Addition

HESTER, JAYNE Name: Name: Address: 5015 -58 ST N Address: City-St-Zip: KENNETH CITY, FL 33709 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

Name: WILEY, ROBERT Name: WILEY, ROBERT 3603 50TH AVENUE NORTH 3603 50TH AVENUE NORTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: SAINT PETERSBURG, FL 33714

Title: () Delete Title: (X) Change ( ) Addition

LABEAU, RICHARD LABEAU, RICHARD Name: Name: 2024 56 STREETS 2024 56 STREETS Address: Address: City-St-Zip: GULFPORT, FL 33707 City-St-Zip: GULFPORT, FL 33707

Title: () Delete Title: (X) Change ( ) Addition

JONES, BURT JONES, BURT Name: Name: Address: P.O. BOX 82623 Address: P.O. BOX 82623 TAMPA, FL 33682 TAMPA, FL 33682 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYNE HESTER **TREA** 04/30/2009

Electronic Signature of Signing Officer or Director

Date