

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748120 (3)

1. Corporation Name

LAKELAND COIN CLUB, INC.

Principal Place of Business

Mailing Address

3280 DOVE LANE
P.O. BOX 2774
MULBERRY FL 33860
USP.O. BOX 2774
P.O. BOX 2774
LAKELAND FL 33806-2774
US3. Date Incorporated or Qualified
07/19/19793a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEARN, ALLEN
3280 DOVE LANE
MULBERRY FL 33860

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEARN, ALLEN	
STREET ADDRESS	3280 DOVE LANE	
CITY - ST - ZIP	MULBERRY FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, EILEEN	
STREET ADDRESS	448 VILLAGE CR., S.W.	
CITY - ST - ZIP	WINTER HAVEN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOEFLE, B. J	
STREET ADDRESS	1406 CLARENDON AVE	
CITY - ST - ZIP	LAKELAND FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCCULLOUGH, GRACE	
STREET ADDRESS	607 E. LOWELL ST	
CITY - ST - ZIP	LAKELAND FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HESTER, HARVEY	
STREET ADDRESS	618 W PATTERSON AVE	
CITY - ST - ZIP	LAKELAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEST, CARRIE	
STREET ADDRESS	1610 BIRCHWOOD LOOP	
CITY - ST - ZIP	LAKELAND FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARDS, WILLIAM
2.3 STREET ADDRESS	3203 Carlton Place
2.4 CITY - ST - ZIP	Lakeland, FL 33803

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D. HAROLD SNYDER
4.3 STREET ADDRESS	2129 Sylvester Ct.
4.4 CITY - ST - ZIP	Lakeland, FL 33803

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T.
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:

Carrie Best REQUIRED Carrie Best 1/29/97 941-647-2052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052830

CR2E037 (9/96)