5/31

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State
05-30-2001 90034 040 ****61.25

DOCUMENT # N00000001380

1. Entity Name
CHARITY BINGO. ORG, INC.

Principal Place of Business	Mailing Address
18455 S.W. 84 CT MIAMI FL 33157	P.O. BOX 106 PORT SALERNO FL 34992

2. Principal Place of Business	3. Mailing Address
18455 S.W 84 CT	P.O. BOX 106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLA.	City & State: PORT SALERNO FL
Zip: 33157 Country: U.S.A.	Zip: 34992 Country: U.S.A.

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROGER B. GREEN 1120 S.E. BUTTONWOOD DR. STUART, FL. 34997	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE: ROGER B. GREEN (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 5/30-2001

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT-DIR JOHN V. GOUGE 18455 S.W. 84 CT MIAMI FL 33157	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREAS.-DIR ROGER B. GREEN 1120 S.E. BUTTONWOOD DR. STUART FL 34997	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES. - DIR JEFFREY GREEN 18455 S.W. 84 CT. MIAMI FLA. 33157	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

12. I 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 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: ROGER B. GREEN 5/30-2001 561/219-8907
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)