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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N14551

(8)

DOCUMENT # 1. Corporation Name TWIN LAKES BINGO CORPORATION

FILED Feb 07 1997 8:00am Secretary of State

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FT. LAUDERDA US	NLE FL 33314	FT. LAUC US	DERDALE FL 3331	9-72U6			3. Date Incorporat	ed or Qualified		te of Last 02/11/19	
2. Principal F	Place of Business	2a. Mail	ling Address	 			4. FEI Number			1	Applied For
21		26					NOT AP	PLICABLE		N N	ot Applicable
Suite, Apt.	.#, etc		e, Apt. #, etc.				5. Certificate of St	atus Desired		4	Additional Regulred
City & Stat	le	27 City	& State	•			6. Election Campa	ion Financino			May Be
13	.•	28					Trust Fund Con	-			to Fees
Zip	Country	Zip		Cou	intry		8. This corporation				s. 199.032,
24	25	29		30	,		Florida Statutes			No	
	9. Name and Address of Currer	nt Registered	Agent		81	Name	10. Name and Add	Ireas of New Re	iglatered /	rgent	
					0'	Name					
MENGA					82	Street Addre	ess (P.O. Box Number	is Not Accepta	ble)		
	urris road Joerdale FL 33314				83						
FI. DAU	JUENUALE PL 33314										
- 1					84	City			FL	85 Zip	Code ·
11. Pursuani	to the provisions of Sections 617.050	2 and 617,15	08, Florida Statu	tes, the al	pove	-named corp	oration submits this st	alement for the	purpose of	changing	its registered
office or agent 1:	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Su ations of, Sec	uch change was ition 617.0503. Fl	authorize: lorida Stat	d by tutes	the corporati	on's board of director	s. I hereby acce	pt the app	ointment a	s registered
SIGNATURE								٠			
	Signature, typed or printed name of registered ag-				d Ager	nt signature require	ed when reinstating) ADDITIONS/CHA	NOTO TO OFFI	DATE OCCO. AND	DIDECTO	NDO IN 140
12. TITLE	OFFICERS AN	ID DIRECTOR	DELETE	1.1 7)	TI E		ADDITIONS/CHA	INGES TO OFFI	CERS AND	Change	
NAME	JONES, LYNDA		C) been	1.2 N/		D	_			Onlingo	X recilion
STREET ADDRESS							ngsberg, F				
CITY-ST-ZIP	FT LAUDERDALE FL				ITY - ST	66	1 N.E. 195	th St.	#308	_	
TITLE	D		DELETE	2.1 TI		N.	Miami Bea	ich, Fl	3317	Change	Addition
NAME	RAPP, JOYCE			22 N	AME	1					
STREET ADDRESS	CARE DUMBICA BAIR			2.3 51	TREET	ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL										
					CITY-S	r-zip		· · · · · · · · · · · · · · · · · · ·			
TITLE	DP		DELETE	2.4 C 3.1 Ti		r-zip	······································	<u> </u>		Change	Addition
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TITLE NAME STREET ADDRESS	COHEN, MERRILL S 501 W. LAKE DASHA DRIVE		DELETE	3.1 Ti 3.2 Ni 3.3 Si	ITLE AME TREET	ADORESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, MERRILL S	1		3.1 Ti 32 Ni 3.3 Si 3.4. Ci	ITLE IAME ITREET CITY-S	ADORESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	COHEN, MERRILL S 501 W. LAKE DASHA DRIVE		☐ DELETE	3.1 Ti 3.2 Ni 3.3 Si 3.4. Ci 4.1 Ti	ITLE IAME TREET CITY-S ITLE	ADORESS				☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	COHEN, MERRILL S 501 W. LAKE DASHA DRIVE PLANTATION FL 33324			3.1 TE 3.2 N/ 3.3 SI 3.4. C 4.1 TI 4.2 N	ITLE IAME TREET CITY-S ITLE VAME	ADORESS it-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	COHEN, MERRILL S 501 W. LAKE DASHA DRIVE PLANTATION FL 33324			3.1 Ti 3.2 N/ 3.3 Si 3.4 . C 4.1 Ti 4.2 N 4.3 Si	ATLE TREET TITLE TREET TREET	ADDRESS IT-ZIP ADDRESS					
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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 chapged, or on an attachment with an address. (95Y)

SIGNATURE: