

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:11

DOCUMENT # **N47267** (2)

1. Corporation Name

SUNCOAST BINGO COUNCIL, INC.

Principal Place of Business

**11719 ENTERPRISE DRIVE
PORT RICHEY FL 34668**

Mailing Address

**11719 ENTERPRISE DRIVE
PORT RICHEY FL 34668**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

3a. Date of Last Report

04/21/1994

4. FEI Number

59-3186975

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PAGLIONE, NICHOLAS
9815 BISHOP LANE
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed in printed name of registered agent and date)

(Name of registered agent and date)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAGLIONE, NICHOLAS
STREET ADDRESS	9815 BISHOP LANE
CITY, ST, ZIP	PORT RICHEY FL
TITLE	SD
NAME	KING, JOSEPHINE
STREET ADDRESS	11719 ENTERPRISE DRIVE
CITY, ST, ZIP	PORT RICHEY FL
TITLE	SD
NAME	RUSCO, ANTHONY
STREET ADDRESS	8312 NEWTON DR
CITY, ST, ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	DIRECTOR
33 STREET ADDRESS	MARIO BATTISTA
34 CITY, ST, ZIP	8085 SAN FERNANDO DR. PORT RICHEY, FLA 34668
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or Block 14 or as an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

JOSEPHINE KING

SECRETARY

4-25-95

1-813-862-2550