

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
02/11/1992

3a. Date of Last Report  
05/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGLIONE, NICHOLAS  
9815 BISHOP LANE  
PORT RICHEY FL 34668

81 Name  
Paul H. Clamp Sr. (President)  
82 Street Address (P.O. Box Number is Not Acceptable)  
4852 Snug Harbor Rd.  
83  
84 City  
New Port Richey FL 85 Zip Code  
34652

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

*Paul H. Clamp Sr.*  
Signature, typed or printed name of registered agent and the corporation

*PAUL H. CLAMP SR.*  
(NOTE: Registered Agent signature required when removing agent)

3/22/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	PAGLIONE, NICHOLAS	9815 BISHOP LANE	PORT RICHEY FL	<input type="checkbox"/>
SD	KING, JOSEPHINE	11719 ENTERPRISE DRIVE	PORT RICHEY FL	<input type="checkbox"/>
D	BATTISTA, MARIO	8035 SAN FERNANDO DRIVE	PORT RICHEY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice-President	Josephine King	11719 Enterprise Rd.	Port Richey, FL 34668	<input checked="" type="checkbox"/>
Secretary	Ruth M. Pojcky	365 Westwinds Dr.	Palm Harbor, FL 34683	<input checked="" type="checkbox"/>
Treasurer	Sid Spigelman	5611 Flora Ave.	Holiday, FL 34690	<input checked="" type="checkbox"/>
PRESIDENT	FAUL H. CLAMP SR.	4852 SNUG HARBOR RD.	NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/>
	900001760969	-03/28/96--01041--041	***61.25	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 119.07(3)(k), 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:

*Paul H. Clamp Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96  
Date

Daytime Phone #

CR2E037 (12/95)