

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N47267** (2)

1. Corporation Name  
**SUNCOAST BINGO COUNCIL, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>11719 ENTERPRISE DRIVE<br/>PORT RICHEY FL 34668</b> | Mailing Address<br><b>11719 ENTERPRISE DRIVE<br/>PORT RICHEY FL 34668-1025</b> |
|---|--|



|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/11/1992</b> | 3a. Date of Last Report<br><b>03/27/1996</b> |
|--|--|

|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><b>59-3186975</b><br>Applied For<br><input type="checkbox"/> Not Applicable                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
|   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAMP, PAUL H  
4352 SNUG HARBOR RD  
NEW PORT RICHEY FL 34652**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>Paul H. Clamp Sr. (Pres.)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAGLIONE, NICHOLAS</b>                            | 1.2 NAME  | <b>4852 Snug Harbor Rd</b>   |
| STREET ADDRESS             | <b>9815 BISHOP LANE</b>                              | 1.3 STREET ADDRESS                                    | <b>New Port Richey, FL 34652</b>   |
| CITY-ST-ZIP                | <b>PORT RICHEY FL</b>                                | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>KING, JOSEPHINE</b>                               | 2.2 NAME  | <b>Josephine King</b>  |
| STREET ADDRESS             | <b>11719 ENTERPRISE DRIVE</b>                        | 2.3 STREET ADDRESS                                    | <b>11719 Enterprise Rd</b>   |
| CITY-ST-ZIP                | <b>PORT RICHEY FL 34668</b>                          | 2.4 CITY-ST-ZIP                                       | <b>Port Richey, FL 34668</b>   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 3.1 TITLE   | <b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       | <b>BATTISTA, MARIO</b>                               | 3.2 NAME  | <b>Ruth M. Pojcky</b>  |
| STREET ADDRESS             | <b>8035 SAN FERNANDO DRIVE</b>                       | 3.3 STREET ADDRESS                                    | <b>365 Westwinds Dr.</b>   |
| CITY-ST-ZIP                | <b>PORT RICHEY FL</b>                                | 3.4 CITY-ST-ZIP                                       | <b>Palm Harbor, FL 34683</b>   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE             | 4.1 TITLE   | <b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       | <b>POJEKY, RUTH M</b>                                | 4.2 NAME  | <b>Sid Spigelman</b>   |
| STREET ADDRESS             | <b>365 WESTWINDS DR</b>                              | 4.3 STREET ADDRESS                                    | <b>5611 Flora Ave.</b>   |
| CITY-ST-ZIP                | <b>PALM HARBOR FL 34683</b>                          | 4.4 CITY-ST-ZIP                                       | <b>Holiday, FL 34690</b>   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       | <b>SPIGELMAN, SID</b>                                | 5.2 NAME  |  |
| STREET ADDRESS             | <b>5611 FLORA AVE</b>                                | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>HOLIDAY FL 34690</b>                              | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE             | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       | <b>CLAMP, PAUL H</b>                                 | 6.2 NAME  |  |
| STREET ADDRESS             | <b>4852 SNUG HARBOR RD</b>                           | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NEW PORT RICHEY FL 34652</b>                      | 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: *Sid Spigelman* **SIDNEY SPIGELMAN-15-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0088341**

CR2E037 (9/96)