

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number
59-3186975

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**CLAMP, PAUL H
4852 SNUG HARBOR RD
NEW PORT RICHEY FL 34652**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLAMP, PAUL H. SR.	
STREET ADDRESS	4852 SNUG HARBOR RD.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KING, JOSEPHINE	
STREET ADDRESS	11719 ENTERPRISE DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	POJEKY, RUTH M.	
STREET ADDRESS	365 WESTWINDS DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SPIGELMAN, SID	
STREET ADDRESS	5611 FLORA AVE.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SPIGELMAN, SID	
STREET ADDRESS	5611 FLORA AVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CLAMP, PAUL H	
STREET ADDRESS	4852 SNUG HARBOR RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T.D. PAUL BAYER
4.3 STREET ADDRESS	8015 CEDAR RUN DR
4.4 CITY-ST-ZIP	PORT RICHEY FL 34668
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T. PAUL BAYER
5.3 STREET ADDRESS	8015 CEDAR RUN DR
5.4 CITY-ST-ZIP	PORT RICHEY FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 BAYER PAUL BAYER 4-12-98 813-847-4395

CR2E037 (10/97)