


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90155 035 ****61.25

0071744

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47267 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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/11/1992 4. FEI Number 59-3186975 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 NICHOLAS PAGLIONE 82 Street Address (P.O. Box Number is Not Acceptable) 9815 BISHOP LANE 83 PORT RICHEY, FLA. 84 City FL 85 Zip Code 34668		
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 <i>NICHOLAS PAGLIONE</i> <i>Nicholas Paglione</i> APR. 29, 1999 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS TITLE PD NAME CLAMP, PAUL H. SR. STREET ADDRESS 4852 SUNG HARBOR RD. CITY-ST-ZIP NEW PORT RICHEY FL TITLE VPD NAME KING, JOSEPHINE STREET ADDRESS 11719 ENTERPRISE DRIVE CITY-ST-ZIP PORT RICHEY FL TITLE DS NAME POJEKY, RUTH M. STREET ADDRESS 365 WESTWINDS DR. CITY-ST-ZIP PALM HARBOR FL TITLE TD NAME BAYER, PAUL STREET ADDRESS 8015 CEDAR RUN DR CITY-ST-ZIP PORT RICHEY FL 34668 TITLE T NAME BAYER, PAUL STREET ADDRESS 8015 CEDAR RUN DR CITY-ST-ZIP PORT RICHEY FL 34668 TITLE P 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 P.D. 1.2 NAME PAGLIONE, NICHOLAS 1.3 STREET ADDRESS 9815 BISHOP LANE 1.4 CITY-ST-ZIP PORT RICHEY, FLA., 34668 2.1 TITLE KING, JOSEPHINE 2.2 NAME V.P.D. 2.3 STREET ADDRESS 11719 ENTERPRISE DR. 2.4 CITY-ST-ZIP PORT RICHEY, FLA., 34668 3.1 TITLE S.D. 3.2 NAME JACQUE PALASKY 3.3 STREET ADDRESS 3027 ASTRAL LANE 3.4 CITY-ST-ZIP HOLIDAY, FLA., 34691 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

118111 4 8 482522-90155-35



CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: *Nicholas Paglione* *Nicholas Paglione* APR. 29, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #