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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000876 (2)**
1. Corporation Name
PASADENA CARD CLUB, INC.

Principal Place of Business Mailing Address
10 PARK ST N ST PETERSBURG FL 33710 **10 PARK ST N ST PETERSBURG FL 33710**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1994** 3a. Date of Last Report
4. FEI Number 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
**NOEL, ROBERT G
10 PARK ST N
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 Name **HERBERT W. HALL**
82 Street Address (P.O. Box Number Is Not Acceptable) **10 PARK ST. No.**
83 **ST. PETERSBURG**
84 City **FL** 85 Zip Code **33710**

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 Herbert W. Hall - **HERBERT W. HALL PRES.** DATE **4/17/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | DP |
| NAME | NOEL, ROBERT G |
| STREET ADDRESS | 170 BOCA CIEGA PT S |
| CITY-ST-ZIP | ST PETERSBURG FL 33708 |
| TITLE | D1V |
| NAME | PAUL, VIRGINIA |
| STREET ADDRESS | 5000-13 AVE N |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 |
| TITLE | D2V |
| NAME | MACINNES, PATRICIA |
| STREET ADDRESS | 211 N PASADENA AVE #110 |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 |
| TITLE | DT |
| NAME | REGAN, AGNES |
| STREET ADDRESS | 1885 SHORE DR S #430 |
| CITY-ST-ZIP | ST PETERSBURG FL 33707 |
| TITLE | DRS |
| NAME | CONWAY, JOSEPHINE |
| STREET ADDRESS | 7831-72 AVE N |
| CITY-ST-ZIP | PINELLAS PARK FL 34665 |
| TITLE | D |
| NAME | SIBERT, IDA |
| STREET ADDRESS | 12336 SUN VISTA CT |
| CITY-ST-ZIP | TREASURE ISLAND FL 33708 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HERBERT W. HALL |
| 1.3 STREET ADDRESS | 5700 9th AVE. No. |
| 1.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33710 |
| 2.1 TITLE | D1P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CHARLES WYNOCKER |
| 2.3 STREET ADDRESS | 9224 MISSION OAK BLVD. |
| 2.4 CITY-ST-ZIP | SEMINOLE FL 34646 |
| 3.1 TITLE | D2V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VICTORIA RUDEGHIO |
| 3.3 STREET ADDRESS | 7102 SO. SHORE DRIVE 50. |
| 3.4 CITY-ST-ZIP | SOUTH PASADENA, FL 33707 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | DMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | ROBERT G. NOEL |
| 6.3 STREET ADDRESS | 170 BOCA CIEGA PT. 50 |
| 6.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33708 |

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 if changed, or on an attachment with an address.

SIGNATURE: Herbert W. Hall DATE **4/17/95**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

HERBERT W. HALL