

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000088562 (2)

1. Corporation Name

CHARITY BINGO OF DELRAY, INC.

15 MAY 22

SECRETARY
TALLAHASSEE

Principal Place of Business

27 BRISTOL LN
BOYNTON BCH FL 33436
US

Mailing Address

27 BRISTOL LN
BOYNTON BCH FL 33436
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated in 2a. Date of Last Report

12/29/1993

04/05/1994

4. FEI Number

65-0456643

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

2. Principal Place of Business

State, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

State, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GREENSTONE, JOSEPH
27 BRISTOL LN
BOYNTON BCH FL 33436

10. Name and Address of Now 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 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of section 607.0502, Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent

Signature of Agent or Registered Agent

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	GREENSTONE, JUDITH
3. STREET ADDRESS	27 BRISTOL LN
4. CITY, ST, ZIP	BOYNTON BEACH FL 33436
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(4)(a), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF FINANCIAL OFFICER OR DIRECTOR

Judith Greenstone Judith Greenstone

6/2/95