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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N10298 (0)

1. Corporation Name
SUNCOAST AUXILIARY #3153, INCORPORATED

Principal Place of Business	Mailing Address
5446 LEISURE LANE NEW PORT RICHEY FL 34652	5446 LEISURE LANE NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1985
3a. Date of Last Report: 03/25/1994
4. FEI Number: 23-7131604 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCBRIDE, BETTY 7816 WALLABA LN NEW PORT RICHEY FL 34653	81 Name: Doris E. Zimmermann 82 Street Address (P.O. Box Number is Not Acceptable): 7900 Hardwick Drive, Apt. 823 83 84 City: New Port Richey FL 85 Zip Code: 34653

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: Doris E.W. Zimmermann Doris E.W.Zimmermann, Madam Pres. 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPMP	1.1 TITLE	DPMP	☒ Change ☐ Addition
NAME	VARGA, ELLIE Y	1.2 NAME	MC BRIDE, BETTY	
STREET ADDRESS	4938 FLORA AVENUE	1.3 STREET ADDRESS	7816 WALLABA LANE	
CITY-ST-ZIP	HOLIDAY FL 34690	1.4 CITY-ST-ZIP	NEW PORT RICHEY, [illegible]	
TITLE	DMP	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	MCBRIDE, BETTY	2.2 NAME	WINNIE FOX (WINIFRED T. FOX)	
STREET ADDRESS	7816 WALLABA LANE	2.3 STREET ADDRESS	1214 TAMARAC DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	2.4 CITY-ST-ZIP	HOLIDAY 34690	
TITLE	SD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	FOX, WINIFRED T.	3.2 NAME	BARILE, NATALIE J	
STREET ADDRESS	1214 TAMARAC DRIVE	3.3 STREET ADDRESS	6147 ARTHUR AVENUE	
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY 34653	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BARILE, NATALIE J	4.2 NAME		
STREET ADDRESS	6147 ARTHUR AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: Winnie Fox 2/3/95 813-842-7942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Winifred T. Fox, Secty.

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