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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10298** (0)

1. Corporation Name

SUNCOAST AUXILIARY #3153, INCORPORATED



Principal Place of Business 5446 LEISURE LANE NEW PORT RICHEY FL 34852	Mailing Address 5446 LEISURE LANE NEW PORT RICHEY FL 34852-3432
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2. Principal Place of Business 21 Same as above		2a. Mailing Address 26 5446 Leisure Lane		3. Date Incorporated or Qualified 07/17/1985		3a. Date of Last Report 02/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 23-7131604		Applied For ☐ Not Applicable	
22 City & State		27 City & State 28 New Port Richey, Fl		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		29 Country 25 Pasco		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		30 Pasco		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent ZIMMERMAN, DORIS E 7900 HARDWICK DRIVE, SPT. 823 NEW PORT RICHEY FL 34853		10. Name and Address of New Registered Agent 81 Name Curreri, Ann 82 Street Address (P.O. Box Number is Not Acceptable) 4030 Stratfield Drive 83 New Port Richey 84 City FL 85 Zip Code 34652	
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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 *Ann Curreri* DATE 1-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	CURRERI, ANN	1.2 NAME	VP
STREET ADDRESS	4030 STRATFIELD DR	1.3 STREET ADDRESS	McBride, Betty
CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP	7816 Wallaba Lane, NPR 34653
TITLE	DMP	2.1 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, BETTY	2.2 NAME	SD
STREET ADDRESS	7816 WALLABA LANE	2.3 STREET ADDRESS	Fox, Winifred T.
CITY - ST - ZIP	NEW PORT RICHEY FL 34853	2.4 CITY - ST - ZIP	1214 Tamarac Drive Holiday, FL 34690
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FOX, WINIFRED T	3.2 NAME	TD
STREET ADDRESS	1214 TAMARAC DRIVE	3.3 STREET ADDRESS	Keane, Lorraine
CITY - ST - ZIP	HOLIDAY FL	3.4 CITY - ST - ZIP	5545 Leeward Lane New Port Richey, FL 34652
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BARILE, NATALIE J	4.2 NAME	DMP -
STREET ADDRESS	6147 ARTHUR AVE	4.3 STREET ADDRESS	McBride, Betty
CITY - ST - ZIP	NEW PORT RICHEY FL	4.4 CITY - ST - ZIP	7816 Wallaba Lane New Port Richey 34653
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	DMP
STREET ADDRESS		5.3 STREET ADDRESS	Zimmermann, Doris E
CITY - ST - ZIP		5.4 CITY - ST - ZIP	7815 Radcliffe Circle Port Richey 34668
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 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: *Winifred T. Fox* DATE 1/21/97 DAYTIME PHONE # 813-842-5942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)