


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90268 040 \*\*\*\*61.25

<b>DOCUMENT # N10298</b>	
1. Entity Name <b>SUNCOAST AUXILIARY #3153, INCORPORATED</b>	

Principal Place of Business <b>5446 LEISURE LANE NEW PORT RICHEY, FL 34652</b>	Mailing Address <b>5446 LEISURE LANE NEW PORT RICHEY, FL 34652</b>
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2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**23-7131604**

Applied For	<input checked="" type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>
<b>SCOTT, SHEILA KAY 9136 FARMINGTON LANE PORT RICHEY, FL 34668</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>CONNIE MASON</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7131 Dell Road #4</b>
City <b>NEW PORT RICHEY</b>
State <b>FL</b>
Zip Code <b>34653</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Connie L. Mason*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, KATHY 13205 SHADBERRY LANE BAYONET POINT, FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, ROBBIN G 108 CANAL STREET TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCAULEY, GRACE 4423 TUCKER SQUARE NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMP SCOTT, SHEILA KAY 9136 FARMINGTON LANE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOIS HANUS 5116 Cabrilla Ct, New Port Richey FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGENE WELLS 4216 Hillside Dr New Port Richey FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMP CONNIE MASON 7131 Dell Road #4 New Port Richey FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Kathryn M Myers*  
727-842-5942