- 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2007 8:00 am Secretary of State DOCUMENT # N10298 1. Entity Name 01-18-2007 90095 019 ****61.25 SUNCOAST AUXILIARY #3153, INCORPORATED Principal Place of Business Mailing Address **5446 LEISURE LANE 5446 LEISURE LANE** NEW PORT RICHEY, FL 34652 **NEW PORT RICHEY, FL 34652** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 23-7131604 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLEAU, BETTY MASON, CONNIE Street Address (P.O. Box Number is Not Acceptable) 7131 DELL RD #4 NEW PORT RICHEY, FL 34653 3955 Flormar Terrace City Zip Code 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 athe obligations of registered agent. SIGNATURE _ (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITLE ☐ Delete TITLE Change ☐ Addition MYERS, KATHY NAME NAME STREET ADDRESS 13205 SHADBERRY LANE STREET ADDRESS CITY-ST-ZIP **BAYONET POINT, FL 34667** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HANUS, LOIS NAME 5116 CABRILLA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP VP TITLE ☐ Delete TITLE Channe Addition WELLS, GEORGENE NAME STREET ADDRESS **4216 HILLSIDE DR** STREET ADDRESS NEW PORT RICHEY, FL 34652 CITY-ST-ZIP CITY-ST-ZIP **DMP** TITLE TITLE Delete □ Change ■ Addition MASON, CONNIE NAME NAME BLEAU, BETTY STREET ADDRESS 7131 DELL RD #4 STREET ADDRESS 3955 Flormar Terrace CITY-ST-ZIP NEW PORT RICHEY, FL 34653 CITY-ST-ZIP New Port Richey FL 34652 TITLE ☐ Delete TITLE Change ☐ Addition

NAME

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CITY-ST-ZIP

Carry Nylus Kathy Myers, Secretary

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☐ Delete

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FILED

^{12.} I hereby certify that the information supplied with this filling 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.