


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N10298</b> 1. Entity Name <b>SUNCOAST AUXILIARY #3153, INCORPORATED</b>	
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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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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7131604</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BLEAU, BETTY  
3955 FLORMAR TERRACE  
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANUS, LOIS 5116 CABRILLA CT NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, GEORGENE 4216 HILLSIDE DR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMP BLEAU, BETTY 3955 FLORMAR TERRACE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/14/08-80033-006 61.25

**DO NOT WRITE  
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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: Betty Bleau **Betty Bleau** 1/30/08 727 919-8011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #