

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10298

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** SUNCOAST AUXILIARY #3153, INCORPORATED

**Current Principal Place of Business:**

5446 LEISURE LANE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5446 LEISURE LANE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 23-7131604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WILSON, ISABELLE  
4510 RICKOVER COURT  
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: ISABELLE WILSON

03/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: MYERS, KATHY  
Address: 13205 SHADBERRY LANE  
City-St-Zip: BAYONET POINT, FL 34667

Title: TD ( ) Delete  
Name: HANUS, LOIS  
Address: 5116 CABRILLA CT  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP ( ) Delete  
Name: WELLS, GEORGENE  
Address: 4216 HILLSIDE DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DMP ( ) Delete  
Name: BLEAU, BETTY  
Address: 3955 FLORMAR TERRACE  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WATKINS, BONNIE  
Address: 4917 MANOR DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DMP (X) Change ( ) Addition  
Name: WILSON, ISABELLE  
Address: 4510 RICKOVER COURT  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLE WILSON

DMP

03/11/2009

Electronic Signature of Signing Officer or Director

Date