2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90438 001 ****61.25
01-21-2003 90438 002 *****8.75

DOCUMENT # N10298

1. Entity Name
SUNCOAST AUXILIARY #3153, INCORPORATED

Principal Place of Business	Mailing Address
5446 LEISURE LANE NEW PORT RICHEY FL 34652	5446 LEISURE LANE NEW PORT RICHEY FL 34652

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7131604 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, ISABELLE
4510 RICKOVER COURT
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 the obligations of registered agent.

SIGNATURE Isabelle G. Wilson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BILLIE, MCGREATH 3216 BEACON S DRIVE HOLIDAY FL 34691	☒ Delete	VP Doris E. Zimmermann 7815 Radcliffe Circle Port Richey, Fl. 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEANE, LORRAINE 5545 LEEWARD LA NEW PORT RICHEY FL 34652	☒ Delete	SD Catherine M. Perusich 10120 Willow Dr. Port Richey, Fl. 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARILE, NATALIE 10837 ALICO PASS NEW PORT RICHEY FL 34655	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DMP MCGRATH, BILLIE 3216 BEACON SQUARE DR HOLIDAY FL 34691	☒ Delete	DMP Isabelle Wilson 4510 Rickover Court New Port Richey,Fl. 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

12. I 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 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: SIGNATURE REQUIRED Isabelle G. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR