

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N38671** (6)  
1. Corporation Name  
**GOLD COAST BOWLING CENTERS ASSOCIATION, INC.**



Principal Place of Business

4135 HAVERHILL RD  
LAKE WORTH FL 33463  
US

Mailing Address

4135 HAVERHILL RD  
LAKE WORTH FL 33463  
US

3. Date Incorporated or Qualified  
**06/11/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
**65-0201024**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CENTOLELLA, F.A.  
4135 HAVERHILL RD.  
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name **LOIS KOSTROSKI**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4319 EARLICH RD**

83

84 City **TAMPA**

FL

85 Zip Code  
**33624**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **LOIS KOSTROSKI - ED**

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstalling.

**3/28/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **ED** ☒ DELETE  
NAME **CENTOLELLA, F.A.**  
STREET ADDRESS **4135 HAVERHILL RD.**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☒ DELETE  
NAME **GAGER, ROBERT**  
STREET ADDRESS **13600 N. KENDALL DR.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☒ DELETE  
NAME **WILLIAMS, BILLY J**  
STREET ADDRESS **6126 LAKE WORTH RD.**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **PD** ☐ DELETE  
NAME **ROMANIK, THOMAS**  
STREET ADDRESS **17601 NW 2ND AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **CARTER, JIM**  
STREET ADDRESS **111 SO. HOMESTEAD BLVD.**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **D** ☒ DELETE  
NAME **PAPKE, PAT**  
STREET ADDRESS **2020 NO. STATE RD. #7**  
CITY-ST-ZIP **MARGATE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **ED** ☐ Change ☒ Addition  
12 NAME **LOIS KOSTROSKI**  
13 STREET ADDRESS **4319 EARLICH RD**  
14 CITY-ST-ZIP **TAMPA FL 33624**

21 TITLE **TD** ☐ Change ☒ Addition  
22 NAME **JOE SCHUMACHER**  
23 STREET ADDRESS **1389 NW 138th AVE.**  
24 CITY-ST-ZIP **SUNRISE FL 33323**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/96** 813/968-4364

CR2E037 (12/95)