

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N47267**

1. Entity Name  
**SUNCOAST BINGO COUNCIL, INC.**



Principal Place of Business  
**9830 MARK TWAIN LANE  
PORT RICHEY, FL 34668**

Mailing Address  
**9830 MARK TWAIN LANE  
PORT RICHEY, FL 34668**



02062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3186975**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HINNANT, DOROTHY R  
9830 MARK TWAIN LANE  
PORT RICHEY, FL 34668**

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000855575  
03/27/08-80055-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PAGLIONE, NICHOLAS  
9815 BISHOP LANE  
PORT RICHEY, FL 34668**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
HINNANT, DOROTHY R  
9830 MARK TWAIN LANE  
PORT RICHEY, FL 34668**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
YANETTI, EMIL  
1447 HONOR DRIVE  
HOLIDAY, FL 34690**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
BONICA, BRIDGET  
9103 COTSWOLD WAY  
NEW PORT RICHEY, FL 34855**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
MONTALBANO, MARIE  
9842 RAINELLE DR.  
PORT RICHEY, FL 34668**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
TOTINO, RIMA  
9740 GLEN MOOR DR.  
PORT RICHEY, FL 34668**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**3/9/08 7273890950**

Date

Daytime Phone #