FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:32

DOCUMENT # N94000004257 (1)

1. Corporation Name

GULFCOAST BOWLING COUNCIL, INC.

Principal Place of Business	Mailing Address
8525 RADIO ROAD NAPLES FL 33942	8525 RADIO ROAD NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:
4. FEI Number: 65-0544285 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CINIELLO, PATRICK
8525 RADIO ROAD
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CINIELLO, PATRICK	12 NAME		
STREET ADDRESS	8525 RADIO ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	BOWER, BETTY	22 NAME		
STREET ADDRESS	2551 WELCH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	HALL, KAREN	32 NAME		
STREET ADDRESS	P. O. BOX 547 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	MURDOCK FL 33938	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	DUBOICE, JOE ANN	42 NAME	GOULD, MARION V.	
STREET ADDRESS	880 SILVER SPRINGS TERRACE	43 STREET ADDRESS	2486 CARING WAY APT. 10A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	44 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	QUICK, RAYE ANNE	52 NAME		
STREET ADDRESS	5880 24TH AVENUE, N.W.	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HOLMBECK, DIANA	62 NAME		
STREET ADDRESS	103 PALMETTO DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962	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: Patrick Ciniello 813 455-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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