

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 # N94000004257 (1)

1. Corporation Name

GULF COAST BOWLING COUNCIL, INC.



Principal Place of Business

8525 RADIO ROAD
NAPLES FL 33942

Mailing Address

8525 RADIO ROAD
NAPLES FL 33942

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0544285

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

10. Name and Address of New Registered Agent

CINIELLO, PATRICK
8525 RADIO ROAD
NAPLES FL 33942

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CINIELLO, PATRICK
STREET ADDRESS 8525 RADIO ROAD
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

TITLE VPD
NAME BOWER, BETTY
STREET ADDRESS 2551 WELCH STREET
CITY-ST-ZIP FORT MYERS FL 33901 ☐ DELETE

TITLE STD
NAME HALL, KAREN
STREET ADDRESS P. O. BOX 547 N/A
CITY-ST-ZIP MURDOCK FL 33938 ☐ DELETE

TITLE D
NAME GOULD, MARION V.
STREET ADDRESS 2486 CARING WAY APT. 10A
CITY-ST-ZIP PORT CHARLOTTE FL ☐ DELETE

TITLE D
NAME QUICK, RAYE ANNE
STREET ADDRESS 5880 24TH AVENUE, N.W.
CITY-ST-ZIP NAPLES FL 33999 ☒ DELETE

TITLE D
NAME HOLMBECK, DIANA
STREET ADDRESS 103 PALMETTO DRIVE
CITY-ST-ZIP NAPLES FL 33962 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ATWOOD, GINNY
1.3 STREET ADDRESS 5415 S.W. 6TH AVE.
1.4 CITY-ST-ZIP CAPE CORAL, FL 33914 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME PETERS, ROBERT
2.3 STREET ADDRESS 520 GRANT AVE.
2.4 CITY-ST-ZIP LEHIGH ACRES, FL 33936 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (12/95)