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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004257 (1)**

1. Corporation Name

**GULF COAST BOWLING COUNCIL, INC.**

Principal Place of Business

Mailing Address

**8525 RADIO ROAD  
NAPLES FL 33942**

**8525 RADIO ROAD  
NAPLES FL 34104-5429**



3. Date Incorporated or Qualified  
**08/25/1994**

3a. Date of Last Report  
**03/04/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

TITLE **D** ☐ DELETE  
NAME **ATWOOD, GINNY**  
STREET ADDRESS **5415 SW 6TH AVE**  
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **D** ☐ DELETE  
NAME **PETERS, ROBERT**  
STREET ADDRESS **520 GRANT AVE**  
CITY-ST-ZIP **LEHIGH ACRES FL**

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

14. I do 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 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**

**1/11/97**

**941-455-0052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0089001**

CR2E037 (9/96)