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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

3. Date Incorporated or Qualified

08/25/1994

4. FEI Number

65-0544285

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

TITLE VPD ☐ DELETE

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

1.2 NAME ☒ Change ☐ Addition

TITLE STD ☐ DELETE

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

2.1 TITLE ☒ Change ☐ Addition

TITLE D ☐ DELETE

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

2.2 NAME CHRISTIE, DOTTIE
2.3 STREET ADDRESS 21066 IONIA AVE.
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE D ☐ DELETE

NAME ATWOOD, GINNY
STREET ADDRESS 5415 SW 6TH AVE
CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PETERS, ROBERT
STREET ADDRESS 520 GRANT AVE
CITY-ST-ZIP LEHIGH ACRES FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I 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:

CINIELLO, PATRICK

1-10-98

1-800-922
9559

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