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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004257

1. Corporation Name

GULFCOAST BOWLING COUNCIL, INC.

Principal Place of Business

8525 RADIO ROAD
NAPLES FL 33942

Mailing Address

8525 RADIO ROAD
NAPLES FL 33942



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/25/1994

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

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 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 ☐ DELETE

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

TITLE VPD ☐ DELETE

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

TITLE STD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME WILSON, RUBILEA
STREET ADDRESS 201 MAPLE AVE. N.
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/99

941-947-2111

Date

Daytime Phone #

CR2E037 (1/98)