2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004257

1. Entity Name
GULFCOAST BOWLING COUNCIL, INC.

Principal Place of Business	Mailing Address
8800 STRIKE LANE BONITA SPRINGS, FL 34135 US	8800 STRIKE LANE BONITA SPRINGS, FL 34135 US

04062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0544285

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CINIELLO, PATRICK
8800 STRIKE LANE
BONITA SPRINGS, FL 34135

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000109315
04/12/04-80038-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CINIELLO, PATRICK
STREET ADDRESS	8525 RADIO ROAD
CITY-ST-ZIP	NAPLES, FL 33942
TITLE	VPD
NAME	PETERS, ROBERT
STREET ADDRESS	520 GRANT AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	STD
NAME	HALL, KAREN
STREET ADDRESS	P. O. BOX 547 N/A
CITY-ST-ZIP	MURDOCK, FL 33938
TITLE	D
NAME	GOULD, MARION V.
STREET ADDRESS	2486 CARING WAY APT. 10A
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	D
NAME	MCCARRAHER, ANDREA
STREET ADDRESS	1765 GROVE AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	EKISS, YVONNE
STREET ADDRESS	154 NORTHSHORE TERRACE
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK CINIELLO 4-8-04 239 947-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #