2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 13, 2005 8:00 am Secretary of State

07-13-2005 90013 012 ****61.25

DOCUMENT # N9400004257 1. Entity Name GULFCOAST BOWLING COUNCIL, INC.					07-13-2005 90013 012 ****61.25				
Principal Place of Business Mailing Address 8800 STRIKE LANE 8800 STRIK BONITA SPRINGS, FL 34135 US BONITA SPRINGS					20063189				
2. Principal P	tace of Business	3. Mailing Address	Tamian	i Tei					
Suite, Apt.		Suite, Apt. #, etc.		1. 1100.	07112005	Chg-NP	CR2E037 (10/	03)	
Bow i	TA SPRINGS FL	BONITA S				4. FEI Number Applied For 65-0544285 Not Applicable			
^{Zip} 3413		34134	Country	s A	5. Certificate of	Status Desired	☐ \$8.75 Fee Re		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CINIELLO, PATRICK 8800 STRIKE PANE				Name PATRICK CINIECCO Street Address (P.O. Box Number is Not Acceptable)					
BONITA SPRINGS, 51. 34135				2835	15,7	AMIAM	"TRAIL	- -	
				City 1)			— Zin	Code	
	named entity submits this statement for	the purpose of changing	`	<u> </u>	red agent, or both,	in the State of Fic	<u> </u>	34	134
Citie collidar	tions of registered agent.		^						
CIONATUDE		+2	· / (1), , (1			.	_	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (N	IOTE: Registered Age	ent signature required	O when reinstating)		DATE DATE	200	25
		9. Election (IOTE: Registered Application A	ncing	s \$5.00 May Be Added to Fees	N	DATE lake check payalida Department	ble to)
D	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 ue by September 7, 2005	9. Election (Trust Fun	Campaign Finar d Contribution,	ncing	\$5.00 May Be Added to Fees	N Flor	DATE lake check paya rida Department	ble to) ate
	Signature, typed or printed name of registered egent at Filling Fee is \$61.25	9. Election 0 Trust Fun ECTORS	Campaign Finar	ncing	\$5.00 May Be Added to Fees	N Flor	DATE lake check payal rida Department RS AND DIRECTOR	ble to of St	ate
D:	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 ue by September 7, 2005 OFFICERS AND DIR	9. Election (Trust Fun	Campaign Finar d Contribution,	ncing	\$5.00 May Be Added to Fees	N Flor	DATE lake check paya rida Department	ble to of St) ate
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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 suppliemental 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 attacture of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of t

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

EKISS, YVONNE

154 NORTHSHORE TERRACE

CHARLOTTE HARBOR, FL 33980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 947-2111