

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 # N94000004257 1. Entity Name GULFCOAST BOWLING COUNCIL, INC.					
Principal Place of Business 8800 STRIKE LANE BONITA SPRINGS, FL 34135 US			Mailing Address 8800 STRIKE LANE BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business 28351 S. TAMiami TRl		3. Mailing Address 28351 S. TAMiami TRl.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bonita Springs FL		City & State Bonita Springs FL		4. FEI Number 65-0544285	
Zip 34134		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CINIELLO, PATRICK 8800 STRIKE LANE BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name: PATRICK CINIELLO Street Address (P.O. Box Number is Not Acceptable): 28351 S. TAMiami TRAIL City: Bonita Springs, FL Zip Code: 34134		
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: <u>PATRICK Ciniello</u> DATE: <u>JULY 11, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CINIELLO, PATRICK <input type="checkbox"/> Delete 8525 RADIO ROAD NAPLES, FL 33942				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PETERS, ROBERT <input type="checkbox"/> Delete 520 GRANT AVE LEHIGH ACRES, FL 33936				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HALL, KAREN <input type="checkbox"/> Delete P. O. BOX 547 N/A MURDOCK, FL 33938				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOULD, MARION V. <input type="checkbox"/> Delete 2486 CARING WAY APT. 10A PORT CHARLOTTE, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCARRAHER, ANDREA <input type="checkbox"/> Delete 1765 GROVE AVE FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EKISS, YVONNE <input type="checkbox"/> Delete 154 NORTHSHORE TERRACE CHARLOTTE HARBOR, FL 33980				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>PATRICK Ciniello - July 11, 2005</u> 239 947-2111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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