


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 707114
 1. Entity Name
PALM BEACH BOWLING ASSOCIATION, INC. OF THE AMERICAN BOWLING CONGRESS



Principal Place of Business 3951 HAVERHILL ROAD SUITE 210 WEST PALM BEACH, FL 33417 US	Mailing Address 3951 HAVERHILL ROAD SUITE 210 WEST PALM BEACH, FL 33417 US
---	---

DO NOT WRITE IN THIS SPACE



02142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7457070	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
 PRYOR, GEORGE
 661 CASPER AVE
 WEST PALM BCH, FL 33413

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYRD, CHARLES 4406 DAFODIL CIRCLE PALM BEACH GRDNS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST SERGEL, GARY 2319 LEWIS RD WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRYOR, GEORGE 661 CASPER AVE W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAYDOSCH, STEVE 114 LA MANCHA AVE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLOSKEY, DAVID 104 WILSON ROAD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIONDOLINO, RICK 13356 52ND CT. N. ROYAL PALM BEACH, FL 33411

000000054460
 02/16/04-80173-005 \$1.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] **AST** Date: 2-14-04 Daytime Phone #: 562-640-4683