

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707919 (7)

1. Corporation Name

SARASOTA-MANATEE COUNTY BOWLING ASSOCIATION OF THE AMERICAN BOWLING CONGRESS, INC.



Principal Place of Business

2504 NODOSA DRIVE
SARASOTA FL 34232

Mailing Address

2504 NODOSA DRIVE
SARASOTA FL 34232

3. Date Incorporated or Qualified
10/06/1964

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

21 6509 MAGELLAN CT

2a. Mailing Address

26 P.O. Box 986

4. FEI Number
59-1610514

Applied For
Not Applicable

Suite, Apt. #, etc.

22 A-707

Suite, Apt. #, etc.

27

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

City & State

23 SARASOTA FL

City & State

28 TALLEYHAST FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 34243

Country

25 MANATEE

Zip

29 34270

Country

30 MANATEE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMBS, BRUCE D.
2504 NODOSA DRIVE
SARASOTA FL 34232

6509 MAGELLAN CT.
SARASOTA, FL 34243

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 date of application

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
COMBS, BRUCE
2504 NODOSA DR.
SARASOTA FL 34232 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
STD
Combs, Bruce
P.O. Box 986
TALLEYHAST, FL. 34270-0986 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RD
HENSON, JOHN
2934 LOUISE ST.
SARASOTA FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
RD
YAGER, Ed
7171 MAUNALIA BLVD
SARASOTA, FL 34241 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WILLIAM, DANNY
1937 GOLD AVE.
SARASOTA FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Bruce D. Combs BRUCE D. COMBS 7-2486 941-753-9603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)