2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# 707919

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

Current Principal Place of Business:

4431 56TH AVE DR E
BRADENTON, FL 34203 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 986
TALLEVAST, FL 34270 US

New Mailing Address:

FEI Number: 59-1610514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOMBS, SANDY
4431 56TH AVE DR E
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

COMBS, SANDY
4431 56TH AVE DR E
BRADENTON, FL 34203 US

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.

SIGNATURE: SANDY COMBS 03/08/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WENZEL, BILL
Address: 1808 ROSLYN AVE
City-St-Zip: BRADENTON, FL 34207

Title: V ( ) Delete
Name: HAYDEN, EVERETT
Address: 1814 INGRAM AVE
City-St-Zip: SARASOTA, FL 34232

Title: V ( ) Delete
Name: SHUART, MARTIN
Address: 3609 KINGSTON BLVD
City-St-Zip: SARASOTA, FL 34238

Title: V ( ) Delete
Name: BAIER, LYMAN JR
Address: 5546 34TH CT E
City-St-Zip: BRADENTON, FL 34203

Title: V ( ) Delete
Name: WOOD, TERRY
Address: 1503 12TH ST DR W
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY COMBS MS. 03/08/2005
Electronic Signature of Signing Officer or Director Date