

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721575

FILED
Jan 07, 2007
Secretary of State

Entity Name: GREATER TAMPA BOWLING ASSOCIATION, INC.

Current Principal Place of Business:

1906 MEADOWRIDGE DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1906 MEADOWRIDGE DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 86-1161279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYES, DALIA
1906 MEADOWRIDGE DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUCKER, RON
Address: 28403 OPENFIELD LN.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: 1VP () Delete
Name: ADKINS, BILL
Address: PO BOX 6019
City-St-Zip: TAMPA, FL 33608

Title: 2VP () Delete
Name: HARRIS, SUSAN
Address: 1316 E. FLORA
City-St-Zip: TAMPA, FL 33604

Title: 3VP () Delete
Name: LEWIS, NADINE
Address: 6609 STARK RD.
City-St-Zip: SEFFNER, FL 33586

Title: D () Delete
Name: BULLOCK, SHIRLEY
Address: 4700 STEEL DUST LANE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MERCER, EUNICE
Address: 5107 LAWNTON CT.
City-St-Zip: TAMPA, FL 33624

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:

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City-St-Zip:

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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 Chapter 119, 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: DALIA KEYES

Electronic Signature of Signing Officer or Director

MRS.

01/07/2007

Date