

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721575

FILED
Apr 03, 2009
Secretary of State

Entity Name: GREATER TAMPA BOWLING ASSOCIATION, INC.

Current Principal Place of Business:

1906 MEADOWRIDGE DRIVE
VALRICO, FL 33596 US

New Principal Place of Business:

Current Mailing Address:

1906 MEADOWRIDGE DRIVE
VALRICO, FL 33596 US

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 33596 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 US

Title: 1VP () Delete
Name: HARRIS, SUSAN
Address: 1316 E FLORA
City-St-Zip: TAMPA, FL 33604 US

Title: D () Delete
Name: BOWEN, ARMAND
Address: 6632 GLENCOE DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: 3VP () Delete
Name: HARVEY, MYRA
Address: 535 GREG ST
City-St-Zip: VALRICO, FL 33594 US

Title: AM () Delete
Name: KEYES, DALIA
Address: 1906 MEADOWRIDGE DRIVE
City-St-Zip: VALRICO, FL 33596 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRIS, SUSAN
Address: 1316 E FLORA
City-St-Zip: TAMPA, FL 33604 US

Title: 1VP (X) Change () Addition
Name: BOWEN, ARMAND
Address: 6632 GLENCOE DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: 2VP (X) Change () Addition
Name: RODGERS, CARLOS
Address: P O BOX 267
City-St-Zip: WIMAUMA, FL 33598 US

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 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

AM

04/03/2009

Electronic Signature of Signing Officer or Director

Date