

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N12399** (4)

1. Corporation Name
SENIOR BOWLING CLUBS OF FLORIDA, INC.



Principal Place of Business: **210 LAKE ELLEN DRIVE TAMPA FL 33618 US**
Mailing Address: **2510 LAKE ELLEN DRIVE TAMPA FL 33618 US**

3. Date Incorporated or Qualified: **12/05/1985**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2656506**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2521 Chapel way**
2a. Mailing Address: **26 2521 Chapel way**
22. City & State: **27 Tampa, FL**
23. City & State: **28 Tampa, FL**
24. Zip: **29 33618 4504** Country: **25 US** Country: **30 US**

9. Name and Address of Current Registered Agent
**PHILLIPS, GEORGE W., ATTY.
8001 N. DALE MABRY HIGHWAY
SUITE 501H
TAMPA FL 33614**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	NAME: TROYER, GEORGE	1.1 TITLE: PD
STREET ADDRESS: 8815 BRYN DRIVE	CITY-ST-ZIP: TAMPA FL	1.2 NAME: ROSEN, MILTON
		1.3 STREET ADDRESS: 11305 MILLBROOK
		1.4 CITY-ST-ZIP: TAMPA, FL 33611
TITLE: VPD	NAME: WOOLF, CY	2.1 TITLE: VPD
STREET ADDRESS: 3802 W ALVA	CITY-ST-ZIP: TAMPA FL	2.2 NAME: ARNIE DENISON
		2.3 STREET ADDRESS: 17571-C STIMESTOWN WAY
		2.4 CITY-ST-ZIP: Lutz, FL 33549
TITLE: VPD	NAME: DEVANE, SHIRLEY J	3.1 TITLE: VPD
STREET ADDRESS: 4012 OAK LIMB COURT	CITY-ST-ZIP: TAMPA FL	3.2 NAME: BERKELEY JEAN
		3.3 STREET ADDRESS: 3206 W. PEARL
		3.4 CITY-ST-ZIP: TAMPA, FL 33611
TITLE: TD	NAME: PORTER, SALLY	4.1 TITLE: TD
STREET ADDRESS: 2510 LAKE ELLEN DRIVE	CITY-ST-ZIP: TAMPA FL	4.2 NAME: WETHERINGTON, MARCE
		4.3 STREET ADDRESS: 2521 CHAPEL WAY
		4.4 CITY-ST-ZIP: TAMPA, FL 33618-4504
TITLE: SD	NAME: HICKINBOTHAM, JEAN	5.1 TITLE: SD
STREET ADDRESS: 4716 LEILA	CITY-ST-ZIP: TAMPA FL	5.2 NAME: VOLKMAN, ROBERT
		5.3 STREET ADDRESS: 2508 MOBILGIRE
		5.4 CITY-ST-ZIP: Lutz, FL 33549
TITLE: SD	NAME: JAMES, JENNY	6.1 TITLE: SD
STREET ADDRESS: 2202 DURANT ROAD	CITY-ST-ZIP: VALRICO FL	6.2 NAME: WELTY, VERNA
		6.3 STREET ADDRESS: 4016 TOWN COUNTRY BLVD.
		6.4 CITY-ST-ZIP: TAMPA FL 33615

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: Marge Wetherington Date: 11-30-96 (813) 932-8432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)