

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:31

DOCUMENT # N9200000251 (O)

1. Corporation Name

YOUTH BOWLERS PARENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

600 NORTH COURTENAY PARKWAY  
MERRITT ISLAND FL 32952

600 NORTH COURTENAY PARKWAY  
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

01/21/1994

4. FEI Number

59-3214396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEBERMAN, RONALD  
45 MCLEOD STREET  
SUITE 2  
MERRITT ISLAND FL 32953

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LIEBERMAN, RONALD
STREET ADDRESS	45 MCLEOD ST. #2
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	V
NAME	FLUGEL, BRIAN
STREET ADDRESS	1465 SYKES CREEK DR.
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	T
NAME	STRUNK, DAVID
STREET ADDRESS	2180 MANGO LANE
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	D
NAME	HEDDLESTEN, LINDA
STREET ADDRESS	1775 MILI AVE.
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	D
NAME	LAKE, JERRY
STREET ADDRESS	1070 LORING DR.
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	D
NAME	HOMMAN, KELLY
STREET ADDRESS	1465 GIRARD BLVD.
CITY-ST-ZIP	MERRITT ISLAND FL 32952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN RIGAR
5.3 STREET ADDRESS	8592 BEALWOOD AVE
5.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(a), 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 D17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*D. J. Strunk* D. J. STRUNK

3/11/95 407-453-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #