

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 # **N92000000251 (0)**

1. Corporation Name

YOUTH BOWLERS PARENTS ASSOCIATION, INC.



Principal Place of Business: **600 NORTH COURTENAY PARKWAY MERRITT ISLAND FL 32952**
Mailing Address: **600 NORTH COURTENAY PARKWAY MERRITT ISLAND FL 32952**

3. Date Incorporated or Qualified: **11/12/1992**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3214396		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, RONALD	1.2 NAME	
STREET ADDRESS	45 MCLEOD ST. #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUGEL, BRIAN	2.2 NAME	
STREET ADDRESS	1465 SYKES CREEK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUNK, DAVID	3.2 NAME	
STREET ADDRESS	2180 MANGO LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDDLESTEN, LINDA	4.2 NAME	
STREET ADDRESS	1775 MILI AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBAR, JOHN	5.2 NAME	
STREET ADDRESS	8592 ROSALIND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMMAN, KELLY	6.2 NAME	
STREET ADDRESS	1465 GIRARD BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	6.4 CITY-ST-ZIP	
		5. HATTAWAY, BRENDA	
		472 CANEL CIRCLE	
		COCOA, FL 32927	

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: **DAVID STRUNK, TRIAS.** *[Signature]* **3/23/96** **407-453-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)