

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011393

Entity Name: WEST VOLUSIA USBC BOWLING ASSOCIATION, INC.**Current Principal Place of Business:**1552 BLUE GRASS BLVD
DELAND, FL 32724**Current Mailing Address:**1552 BLUE GRASS BLVD
DELAND, FL 32724 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARPER, HAROLD J JR.
1552 BLUE GRASS BLVD
DELAND, FL 32724 US*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:** HAROLD J. HARPER, JR.

01/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	WALDREN, WILLIAM
Address	1603 E PALMETTO AVE
City-State-Zip:	DELAND FL 32724

Title	VP
Name	BARRETT, ROBERT
Address	813 S. ATMORE CIRCLE
City-State-Zip:	DELTONA FL 32725

Title	VP
Name	COGBURN, SHARON
Address	3229 CLEWISTON STREET
City-State-Zip:	DELTONA FL 32718

Title	EXECUTIVE SECRETARY
Name	HARPER, HAROLD J JR.
Address	1552 BLUE GRASS BLVD
City-State-Zip:	DELAND FL 32724

Title	D
Name	COGBURN, ROBERT
Address	3229 CLEWISTON ST
City-State-Zip:	DELTONA FL 32738

Title	D
Name	WALDREN, ELIZABETH A
Address	1603 E PALMETTO AVE
City-State-Zip:	DELAND FL 32724

I hereby 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 all other like empowered.

SIGNATURE: HAROLD J. HARPER, JR.

ASSOCIATION MANAGER 01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date