

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011393

Entity Name: WEST VOLUSIA USBC BOWLING ASSOCIATION, INC.**Current Principal Place of Business:**813 S ATMORE CIRCLE
DELTONA, FL 32725**Current Mailing Address:**813 S ATMORE CIRCLE
DELTONA, FL 32725**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENJO, JANET
1691 RIM AVE
DELTONA, FL 32738 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BENJO, JANET
Address	1691 RIM AVENUE
City-State-Zip:	DELTONA FL 32738

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

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

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

Title	D
Name	MENARD, ROBERT JR
Address	1515 S. SPRING GARDEN AVE
City-State-Zip:	DELAND FL 32720

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: ELIZABETH A. WALDREN**DIRECTOR****03/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date