

**2016 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.

01/19/2016

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 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:** HAROLD J. HARPER, JR.

ASSOCIATION MANAGER 01/19/2016

Electronic Signature of Signing Officer/Director Detail

Date