

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008955

**Entity Name:** YOUNG BOWLERS ASSOCIATION OF MANDARIN, INC.

**Current Principal Place of Business:**

10333 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4395 GRAN MEADOWS LN N  
JACKSONVILLE, FL 32258 US

**FEI Number: 83-1631503**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FIRST COAST TAX & ACCOUNTING  
5576-2 TIMUQUANA RD.  
JACKSONVILLE, FL 32210 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           TREASURER  
Name           FENDENHEIM, STACIE  
Address        4395 GRAN MEADOWS LN N  
City-State-Zip: JACKSONVILLE FL 32258

Title           PRESIDENT  
Name           WATERS, ROBERT RYAN  
Address        4300 HANGING MOSS DR  
City-State-Zip: ORANGE PARK FL 32073

Title           SECRETARY  
Name           WOOTEN, ROBERT  
Address        7023 BERRYBROOK DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

Title           VP  
Name           OUTMAN, WAYNE  
Address        2784 PINE ACRES RD  
City-State-Zip: ST AUGUSTINE FL 32086

Title           SERGEANT AT ARMS  
Name           DENNIS, MELEAH  
Address        2634 COBBLESTONE FORREST DR  
City-State-Zip: JACKSONVILLE FL 32225

Title           ASSISTANT FUNDRAISING DIRECTOR  
Name           FORREST, BRYAN  
Address        12585 FLAGLER CENTER BLVD  
                  9103  
City-State-Zip: JACKSONVILLE FL 32258

Title           FUNDRAISING DIRECTOR  
Name           EUSANIO, JOHN  
Address        264 ELLSWORTH CIRCLE  
City-State-Zip: ST JOHNS FL 32259

*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: STACIE FENDENHEIM**

**TREASURER**

**04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date