

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 # 702170 (2)  
1. Corporation Name  
BOWLING CENTERS ASSOCIATION OF FLORIDA, INC.



Principal Place of Business Mailing Address  
4319 EHRICH RD 4319 EHRICH RD  
TAMPA FL 33624 TAMPA FL 33624  
US US

3. Date Incorporated or Qualified 03/18/1961	3a. Date of Last Report 04/05/1995
4. FEI Number 59-2359587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LOIS M. KOSTROSKI  
4319 EHRICH RD  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 street address

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED KOSTROSKI, LOIS 15103 CRAGGY CLIFF TAMPA FL	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	DV HINTZ, EARL 800 CHENEY HEY TITUSVILLE FL	21 TITLE	PD
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	DP CINIELLO, PAT 8525 RADIO RD NAPLES FL	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	DT HUBBARD, RICHARD 2250 FRUITVILLE RD SARASOTA F	41 TITLE	VPO
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	TD
NAME		52 NAME	BOB WENTWORTH
STREET ADDRESS		53 STREET ADDRESS	1530 EUDORA ROAD
CITY-ST-ZIP		54 CITY-ST-ZIP	MOUNT DORA, FL 32730
TITLE		61 TITLE	SAD
NAME		62 NAME	MIKE DUCAT
STREET ADDRESS		63 STREET ADDRESS	2010 DUNDREDS
CITY-ST-ZIP		64 CITY-ST-ZIP	WINTER HAVEN FL 33884

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)