

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702170

FILED
Apr 06, 2009
Secretary of State

Entity Name: BOWLING CENTERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

615 SIX FLAGS DR
ARLINGTON, TX 76011 US

New Principal Place of Business:

621 SIX FLAGS DR
ARLINGTON, TX 76011 US

Current Mailing Address:

PO BOX 6361
ARLINGTON, TX 76005 US

New Mailing Address:

FEI Number: 59-2359587 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JIM ZEBHAZY
27304 PIN STRAW RD
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUPPER, BILL
Address: 615 SIX FLAGS DR
City-St-Zip: ARLINGTON, TX 76011

Title: D () Delete
Name: STEVENSON, MATT
Address: 405 PATRICIA AVE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: DYKES, BOB
Address: 1001 W OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: HARMON, CHARLENE
Address: 800 CHENEY HIGHWAY
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: PERRONE, ANTHONY
Address: 6816 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: JOE, SCHUMACKER
Address: 1389 NW 135TH AVE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SUPPER, BILL
Address: 621 SIX FLAGS DR
City-St-Zip: ARLINGTON, TX 76011

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY PERRONE

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date