

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702170

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Entity Name:** BOWLING CENTERS ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

621 SIX FLAGS DR  
ARLINGTON, TX 76011 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6361  
ARLINGTON, TX 76005 US

**New Mailing Address:**

621 SIX FLAGS DR  
ARLINGTON, TX 76011 US

**FEI Number:** 59-2359587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JIM ZEBEHAZY  
27304 PIN STRAW RD  
LEESBURG, FL 34748 US

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

CHARLENE HARMON  
800 CHENEY HWY  
TITUSVILLE, FL 32780 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: CHARLENE HARMON

01/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOODSIDE, BRETT  
Address: 621 SIX FLAGS DR  
City-St-Zip: ARLINGTON, TX 76011

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

Title: D  
Name: PERRY, STEVE  
Address: 1221 E VINE  
City-St-Zip: KISSIMMEE, FL 34744

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

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

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: CHARLENE HARMON

PRES

01/22/2010

Electronic Signature of Signing Officer or Director

Date