

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702170

FILED
Jan 16, 2012
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:

621 SIX FLAGS DR
ARLINGTON, TX 76011 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:

CHARLENE HARMON
800 CHENEY HWY
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

STEVENSON, MATT
405 PATRICIA AVE
DUNEDIN, FL 32698 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: MATT STEVENSON

01/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: GALLAS, CHRIS
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: ROSS, ALEX
Address: 11401 STARKEY RD
City-St-Zip: LARGO, FL 33773

Title: D
Name: PERRONE, ANTHONY
Address: 4847 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33603

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

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: MATT STEVENSON

RA

01/16/2012

Electronic Signature of Signing Officer or Director

Date