

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **705019** ✓

1. Corporation Name

GREATER JACKSONVILLE BOWLING ASSOCIATION, INC.

Principal Place of Business

3622 ST. JOHNS AVE.
JACKSONVILLE FL 32205

Mailing Address

3622 ST. JOHNS AVE.
JACKSONVILLE FL 32205

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90009 034 ****61.25

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|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 01/04/1963 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 51-0135716 | |
| 24 Country | | 30 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

VOELKER, TED J
2462 BLACKBEARD DR.
JACKSONVILLE FL 32224

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | DPD, PRESIDENT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOELKER, TED J | 1.2 NAME | |
| STREET ADDRESS | 2462 BLACKBEARD DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STILL, DONALD D | 2.2 NAME | |
| STREET ADDRESS | 8985 NORMANDY BLVD. #151 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32221 | 2.4 CITY-ST-ZIP | |
| TITLE | VPD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, BOBBY W | 3.2 NAME | 2nd Vice President |
| STREET ADDRESS | 4176 O'RIELY DR. W. | 3.3 STREET ADDRESS | Funck, Victor |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | 3.4 CITY-ST-ZIP | 5105 Bilken Dr. E |
| TITLE | S | 4.1 TITLE | Jacksonville, FL 32210 |
| NAME | HILL, DIANE | 4.2 NAME | |
| STREET ADDRESS | 7860 GEORGIA JACK DR. N. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | 4.4 CITY-ST-ZIP | |
| TITLE | VPD | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATTON, ROBERT SR. | 5.2 NAME | Treasurer |
| STREET ADDRESS | 915 12TH STR. N. | 5.3 STREET ADDRESS | Lowman, John P. |
| CITY-ST-ZIP | JACKSONVILLE BCH FL 32250 | 5.4 CITY-ST-ZIP | 5823 Blackthorn Rd |
| TITLE | VPD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HITCHCOCK, MICHAEL | 6.2 NAME | 3rd Vice President |
| STREET ADDRESS | 8034 WEATHER VANE DR. | 6.3 STREET ADDRESS | Robinson, James G. |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | 6.4 CITY-ST-ZIP | P.O. Box 2391 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/99 388-9078

Date

Daytime Phone #

CR2E037 (5/99)