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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705847 (2)

1. Corporation Name

BROWARD COUNTY BOWLING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

408 N.W. 21 ST
WILTON MANORS FL 33311408 N.W. 21 ST
WILTON MANORS FL 333113. Date Incorporated or Qualified
07/02/19633a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0837637

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, HARRY
408 N.W. 21ST ST
WILTON MANORS FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 VPD ☐ DELETE
NAME OLSON, KENNETH
STREET ADDRESS 11460 NW 32 PLACE
CITY-ST-ZIP SUNRISE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME FRAGOSO, RALPH
STREET ADDRESS 6326 S.W. 23 ST.
CITY-ST-ZIP MIRAMAR FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE P ☒ DELETE
NAME DUSCH, TOM
STREET ADDRESS 6897 NW 14 CT
CITY-ST-ZIP PLANTATION FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME P
3.3 STREET ADDRESS RICHARD SKULINA
3.4 CITY-ST-ZIP 6113 N.W. 18 St.
MARGATE, FL. 33063TITLE VPD ☐ DELETE
NAME DUSHACK, DEWEY
STREET ADDRESS 7502 N.W. 30 PL
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VPD ☒ DELETE
NAME KELLY, ERROL
STREET ADDRESS 7040 SW 24 COURT
CITY-ST-ZIP MIRAMAR FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME VPD
5.3 STREET ADDRESS JAMES ABRAMS
5.4 CITY-ST-ZIP 7920 N.W. 8 COURT
MARGATE, FL. 33063TITLE ST ☐ DELETE
NAME RUSSELL, HARRY
STREET ADDRESS 408 NW 21 ST
CITY-ST-ZIP WILTON MANORS FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Harry Russell Harry Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/97 954-564-1666

Date Daytime Phone # 0076876

CR2E037 (9/96)