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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 707114

1. Corporation Name

**PALM BEACH BOWLING ASSOCIATION, INC. OF THE AMER
ICAN BOWLING CONGRESS**

Principal Place of Business

3951 HAVERHILL ROAD
~~SUITE 212~~
WEST PALM BEACH FL 33417
US

Mailing Address

3951 HAVERHILL ROAD
~~SUITE 212~~
WEST PALM BEACH FL 33417
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **SUITE 210**

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **SUITE 210**

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/03/1964

4. FEI Number

23-7457070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PRYOR, GEORGE
661 CASPER AVE
WEST PALM BCH FL 33413**

10. Name and Address of New Registered Agent

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 information is changed.)

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **GAYOOSH, STEVE**
STREET ADDRESS **114 LA MANCHA AVE**
CITY-ST-ZIP **ROYAL PALM SPRINGS FL**

TITLE **ASTD** ☐ DELETE
NAME **SERGEL, GARY**
STREET ADDRESS **2319 LEWIS ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DPD** ☒ DELETE
NAME **SCHNEIDER, JOHN**
STREET ADDRESS **427 ANCHORAGE LANE**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **DV** ☐ DELETE
NAME **LAMMERT, JOE**
STREET ADDRESS **3951 HAVERHILL RD., SUITE 212**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SD** ☐ DELETE
NAME **PRYOR, GEORGE**
STREET ADDRESS **661 CASPER AVE**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE **VC**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**CHARLES BYRD
VICE PRESIDENT**

**4406 DAFODIL CIRCLE SO.
PALM BEACH GRDS, FL 33410**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE **VD**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**JOHN SEABRIDGE
VICE PRESIDENT
4710 OAK TERRACE DR.,
GREENACRES, FL 33463**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN -3 -1999 56-640-4683

Date

Daytime Phone #

CR2E037 (11/98)