

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 707114

1. Entity Name
**PALM BEACH BOWLING ASSOCIATION, INC. OF THE
AMERICAN BOWLING CONGRESS**



Principal Place of Business

**3951 HAVERHILL ROAD
SUITE 210
WEST PALM BEACH, FL 33417 US**

Mailing Address

**3951 HAVERHILL ROAD
SUITE 210
WEST PALM BEACH, FL 33417 US**



02142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7457070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BYRD, CHARLES
4406 DAFODIL CIRCLE
PALM BEACH GRDNS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
SERGEL, GARY
2319 LEWIS RD
WEST PALM BEACH, FL 33415**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GAYDOSCH, STEVE
114 LA MANCHA AVE
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCCLOSKEY, DAVID
104 WILSON ROAD
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BIONDOLINO, RICK
13356 52ND CT. N.
ROYAL PALM BEACH, FL 33411**

000000054460
02/16/04-80173-005 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-04 **566-640-4683**