FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **726733** **(9)**

1. Corporation Name

THE FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANC
E, INC.

Principal Place of Business: 5655 N 9TH AVENUE #D-1, PENSACOLA FL 32504-8737

Mailing Address: 5655 N 9TH AVENUE #D-1, PENSACOLA FL 32504-8737

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/19/1973	03/02/1994

4. FEI Number: 59-1554900 [ ] Applied For [ ] Not Applicable

2. Principal Place of Business: 21 2209 Kingfisher Court	2a. Mailing Address: 26 P O Box 7447	5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
City & State 23 Pensacola FL	City & State 28 Pensacola FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [✓] — $68.75 Supplemental Fee Not Required
Zip 24 32534 / Country 25 USA	Zip 29 32534 / Country 30 USA	8. 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
VALANZANO, JERRY 5655 N. 9TH AVENUE #D-1 PENSACOLA FL 32504	81 Name: Jerry Valanzano 82 Street Address (P.O. Box Number is Not Acceptable): 2209 Kingfisher Ct 83 84 City: Pensacola FL 85 Zip Code: 32534

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	[ ] Change [ ] Addition
NAME	LANDEN, MILLIE	1.2 NAME	
STREET ADDRESS	191 CUMBERLAND AVENUE	1.3 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	1.4 CITY ST ZIP	
TITLE	ST	2.1 TITLE	[ ] Change [ ] Addition
NAME	VALANZANO, JERRY	2.2 NAME	
STREET ADDRESS	5655 N. 9TH AVENUE #D-1	2.3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	[ ] Change [ ] Addition
NAME	OVERHOLTS, CLAYTON	3.2 NAME	
STREET ADDRESS	765 FORGE ROAD	3.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	D [✓] Change [ ] Addition
NAME	PINDER, ELLIS	4.2 NAME	Pidgeon, Tom
STREET ADDRESS	1520 14TH AVENUE	4.3 STREET ADDRESS	209 Tanglewood Place # O-104
CITY ST ZIP	VERO BEACH FL	4.4 CITY ST ZIP	Tampa FL 33617
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	HALL, CHUCK	5.2 NAME	
STREET ADDRESS	10405 MIDSTATE AVE	5.3 STREET ADDRESS	
CITY ST ZIP	PORT RICKEY FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	[ ] Change [ ] Addition
NAME	LIVESAY, ELEANOR	6.2 NAME	
STREET ADDRESS	3751 N.E. 24 AVE.	6.3 STREET ADDRESS	
CITY ST ZIP	LIGHTHOUSE POINT FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J Valanzano Jerry Valanzano — 4-23-95 — 904-478-6092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070974