

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726733 (9)**
1. Corporation Name
THE FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANC E, INC.



Principal Place of Business
**2209 KINGFISHER COURT
PENSACOLA FL 32534
US**

Mailing Address
**P.O. BOX 7447
PENSACOLA FL 32534
US**

3. Date Incorporated or Qualified **06/19/1973** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **2080 C.R. 412**
Suite, Apt. #, etc.
22
City & State
23 **LAKE PANASOFFKEE, FL.**
Zip Country
24 **33538** 25 **USA**

2a. Mailing Address
26 **P.O. Box 70**
Suite, Apt. #, etc.
27
City & State
28 **LAKE PANASOFFKEE, FL.**
Zip Country
29 **33538** 30 **USA**

4. FEI Number **59-1554900** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VALANZANO, JERRY
2209 KINGFISHER CT.
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent
81 Name **PATRECIA A. PEDGON**
82 Street Address (P.O. Box Number is Not Acceptable)
PO 2080 C.R. 412
83
84 City **LAKE PANASOFFKEE** FL 85 Zip Code **33538**

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]* **PATRECIA A. PEDGON** DATE **4/27/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LANDEN, MILLIE 191 CUMBERLAND AVENUE ORMOND BEACH FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VALANZANO, JERRY 5655 N. 9TH AVENUE #D-1 PENSACOLA FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V OVERHOLTS, CLAYTON 785 FORGE ROAD JACKSONVILLE FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEDGON, TOM 209 TANGLEWOOD PLACE #0-104 TAMPA FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HALL, CHUCK 10405 MIDSTATE AVE PORT RICKEY FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIVESAY, ELEANOR 3751 N.E. 24 AVE. LIGHTHOUSE POINT FL <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ST PATRECIA A. PEDGON P.O. Box 70 - 2080 C.R. 412 LAKE PANASOFFKEE, FL. 33538 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | PEDGON, TOM P.O. Box 70 - 2080 C.R. 412 LAKE PANASOFFKEE, FL. 33538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | 600001873116 -06/24/96--01032--026 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(b), 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, changed, or on an attachment with an address.

SIGNATURE *[Signature]* **PATRECIA A. PEDGON** DATE **4/27/96** 813-888-6956
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)