

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

2a. Mailing Address

26 P.O. Box 70

4. FEI Number
59-1554900

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 LAKE PANASOFFKEE, FL.

City & State

27 LAKE PANASOFFKEE, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33538

Country

25 USA

Zip

29 33538

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
2209 KINGFISHER CT.
PENSACOLA FL 32504

81 Name

PATRICIA A. PEDGEON

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

PO Box 70 - 2080 C.R. 412

83 City

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

PATRICIA A. PEDGEON

(NOTE: Registered Agent signature required when reinstating)

4/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LANDEN, MILLIE
STREET ADDRESS 191 CUMBERLAND AVENUE
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME VALANZANO, JERRY
STREET ADDRESS 5655 N. 9TH AVENUE #D-1
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE V
NAME OVERHOLTS, CLAYTON
STREET ADDRESS 765 FORGE ROAD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PEDGEON, TOM
STREET ADDRESS 209 TANGLEWOOD PLACE #0-104
CITY-ST-ZIP TAMPA FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME HALL, CHUCK
STREET ADDRESS 10405 MIDSTATE AVE
CITY-ST-ZIP PORT RICKEY FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LIVESAY, ELEANOR
STREET ADDRESS 3751 N.E. 24 AVE.
CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ 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)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. PEDGEON

DATE

4/27/96

DAYTIME PHONE #

813-888-6956

CR2E037 (12/95)