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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 726733 (9)

1. Corporation Name

THE FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE, INC.



Principal Place of Business

Mailing Address

2080 C.R. 412
LAKE PANASOFFKEE FL 33538
US

P.O. BOX 70
LAKE PANASOFFKEE FL 33538-0070
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/19/1973

3a. Date of Last Report
05/01/1996

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
LANDEN, MILLIE
191 CUMBERLAND AVENUE
ORMOND BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

ST
PIDGEON, PATRICIA A
2080 C.R. 412 N/A
LAKE PANASOFFKEE FL 33538

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
OVERHOLTS, CLAYTON
765 FORGE ROAD
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
PIDGEON, TOM
2080 C.R. 412 N/A
LAKE PANASOFFKEE FL 33538

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
HALL, CHUCK
10405 MIDSTATE AVE
PORT RICKEY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
LIVESAY, ELEANOR
3751 N.E. 24 AVE.
LIGHTHOUSE POINT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)