


FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726733 (9)

1. Corporation Name
THE FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANC E, INC.



Principal Place of Business 2080 C.R. 412 LAKE PANASOFFKEE FL 33538 US	Mailing Address P.O. BOX 70 LAKE PANASOFFKEE FL 33538 US
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3. Date Incorporated or Qualified 06/19/1973	
4. FEI Number 59-1554900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**PIDGEON, PATRICIA
2080 C.R. 412
LAKE PANASOFFKEE FL 33538**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIDGEON, PATRICIA A	2.2 NAME	
STREET ADDRESS	2080 C.R. 412 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIDGEON, TOM	4.2 NAME	
STREET ADDRESS	2080 C.R. 412 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

VICE PRESIDENT
JERRY VALANZANO
2807 KINGFISHER CT.
PENSACOLA, FL 32534

14. I 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.

SIGNATURE: *[Signature]* PATRICIA A. PIDGEON 2/21/98 813-888-6956

CP2E037 (10/97)