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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726733

1. Corporation Name
THE FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE, 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/19/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1554900
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIDGEON, PATRICIA 2080 C.R. 412 LAKE PANASOFFKEE FL 33538		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	LANDEN, MILLIE 191 CUMBERLAND AVENUE ORMOND BEACH FL	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME TERRY VALANZANO	
STREET ADDRESS		1.3 STREET ADDRESS 2209 KINGFISHER CT.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP PENSACOLA, FL. 32534	
TITLE ST	PIDGEON, PATRICIA A 2080 C.R. 412 N/A LAKE PANASOFFKEE FL 33538	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE V	JERRY VALANZANO 2209 KINGFISHER CT PENSACOLA FL 32534	3.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME ANN WESTFALL	
STREET ADDRESS		3.3 STREET ADDRESS 306 N. VILLADR.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP FRUITLAND PARK, FL. 34731	
TITLE D	PIDGEON, TOM 2080 C.R. 412 N/A LAKE PANASOFFKEE FL 33538	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME MILLIE LANDEN	
STREET ADDRESS		4.3 STREET ADDRESS 191 CUMBERLAND AVE.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP ORMOND BEACH, FL. 32174	
TITLE D	HALL, CHUCK 10405 MIDSTATE AVE PORT RICKEY FL	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME SCOTT TICE	
STREET ADDRESS		5.3 STREET ADDRESS 2320 N E 39th ST.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP OCALA, FL. 34479	
TITLE D	LIVESAY, ELEANOR 3751 N.E. 24 AVE. LIGHTHOUSE POINT FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (11/98)