


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90035 009 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726733**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1973</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1554900</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PIDGEON, PATRICIA</b> <b>2080 C.R. 412</b> <b>LAKE PANASOFFKEE FL 33538</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

**FL**

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

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PATRICIA A. PIDGEON**

Date

**1/13/99**

Daytime Phone #

**407-843-1492**

CR2E037 (11/98)