

# 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 # 727642 (1)

1. Corporation Name

GREATER MIAMI JUNIOR BOWLING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7165 SW 47TH ST #316  
MIAMI FL 33155

7165 SW 47TH ST #316  
MIAMI FL 33155

3. Date Incorporated or Qualified

10/04/1973

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 1930 NE 182 St

26 1930 NE 182 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 North Miami Bch

28 North Miami Bch

Zip

Country

Zip

Country

24 33162

25 USA

29 33162

30 USA

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAVRA, ELAINE  
12330 SW 35TH ST  
MIAMI FL 33175

81 Name

REBECCA A MURRAY

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

1930 NE 182 St

83

North Miami Bch

33162

84

North Miami Bch

FL

85 Zip Code

33162

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

*Rebecca A Murray*

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

(If not E: Registered Agent signature required when reinstating)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	VAVRA, ELAINE	
STREET ADDRESS	12330 SW 35 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROUTON, RUSSELL	
STREET ADDRESS	1880 NW 82ND TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ROBERT	
STREET ADDRESS	13715 SW 68TH ST 216	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAUCH, MICKEY	
STREET ADDRESS	10950 SW 105TH AVE	
CITY-ST-ZIP	MIAMI FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, BECKY	
STREET ADDRESS	17601 NW 2ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLENNON, GAYLE	
STREET ADDRESS	18854 NW 78TH PLACE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEC?TREA	
1.3 STREET ADDRESS	MURRAY, REBECCA	
1.4 CITY-ST-ZIP	1930 NE 182 St North Miami Bch 33162	
2.1 TITLE	d	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jim DeLeonardis	
2.3 STREET ADDRESS	11225 SW 109 Ave Miami	
2.4 CITY-ST-ZIP	33176	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dillon, Joan	
5.3 STREET ADDRESS	9352 SW 40 Terr	
5.4 CITY-ST-ZIP	Miami, Fla. 33165	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chilson, Mickie	
6.3 STREET ADDRESS	10521 SW 142 Ct	
6.4 CITY-ST-ZIP	Miami, Fla. 33186	

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)(k), 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:

*Rebecca A Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

305 652-4197

Daytime Phone #

CR2E037 (12/95)