FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:10

DOCUMENT # **733465** (9)

1. Corporation Name

BROWARD COUNTY JUNIOR BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3751 N.E. 24TH AVE. LIGHTHOUSE PT. FL 33064	3751 N.E. 24TH AVE. LIGHTHOUSE PT. FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/04/1975**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2739742** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LIVESAY, ELEANOR R.
3751 N.E. 24TH AVE.
LIGHTHOUSE PT. FL

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 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☐ Change ☒ Addition
NAME	BILLINGS, LIBBY	12 NAME	
STREET ADDRESS	4730 LINCOLN	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BEARROR, AGNES	22 NAME	
STREET ADDRESS	2161 N E 6868 ST #307	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	LIVESAY, ELEANOR	32 NAME	
STREET ADDRESS	3751 NE 24TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	LAKE, DIANA	42 NAME	V P
STREET ADDRESS	1984 SW 29 AVE APT B	43 STREET ADDRESS	Thomas Green 33334
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	2708 N E 10 Ter-Wilton Manors FL
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	SWENSON, ROLAND	52 NAME	
STREET ADDRESS	10282 NW 31 ST	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Eleanor R Livesay Eleanor R Livesay-STD 5/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046189