


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 33064-8019



3. Date Incorporated or Qualified  
**08/04/1975**

3a. Date of Last Report  
**04/15/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

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

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 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

*Eleanor R. Livesay*

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 **PD** ☐ DELETE  
NAME **BILLINGS, LIBBY**  
STREET ADDRESS **4730 LINCOLN**  
CITY - ST - ZIP **HOLLYWOOD FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **BEARROR, AGNES**  
STREET ADDRESS **2161 N E 6868 ST #307**  
CITY - ST - ZIP **FT LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **STD** ☐ DELETE  
NAME **LIVESAY, ELEANOR**  
STREET ADDRESS **3751 NE 24TH AVE**  
CITY - ST - ZIP **LIGHTHOUSE PT, FL 00000**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **VP** ☐ DELETE  
NAME **GREEN, THOMAS**  
STREET ADDRESS **2708 NE 10TH TERR**  
CITY - ST - ZIP **WILTON MANORS FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **VP** ☐ DELETE  
NAME **SWENSON, ROLAND**  
STREET ADDRESS **10282 NW 31 ST**  
CITY - ST - ZIP **CORAL SPRINGS FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

**ELEANOR R. LIVESAY**

*Eleanor R. Livesay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022107

CR2E037 (9/96)