

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90240 028 ****61.25

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DOCUMENT # 733465

1. Corporation Name

BROWARD COUNTY JUNIOR BOWLING ASSOCIATION, INC.

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

Mailing Address
3751 N.E. 24TH AVE.
LIGHTHOUSE PT. FL 33064

224392 - 90240 - 28



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/04/1975

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

9. Name and Address of Current Registered Agent

LIVESAY, ELEANOR R.
3751 N.E. 24TH AVE.
LIGHTHOUSE PT. FL 33064

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

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 ☐ DELETE

TITLE PD
NAME BILLINGS, LIBBY
STREET ADDRESS 4730 LINCOLN
CITY-ST-ZIP HOLLYWOOD FL

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

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

TITLE VD
NAME HOFER, GARY
STREET ADDRESS 9350 NW 20TH PLACE
CITY-ST-ZIP SUNRISE FL 33322

TITLE PD
NAME SWENSON, ROLAND
STREET ADDRESS 10282 NW 31 ST
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME RALPH FRAGOSO
1.3 STREET ADDRESS 9716 Nevada Place
1.4 CITY-ST-ZIP Boca Raton FL 33434

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

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

4.1 TITLE 2nd vice president ☒ Change ☐ Addition
4.2 NAME Gary Hofer
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE First vice president ☒ Change ☐ Addition
5.2 NAME SAM MOONEY
5.3 STREET ADDRESS 6320 Pierce
5.4 CITY-ST-ZIP Hollywood FL 33024

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

Eleanor R Livesay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)