

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734227

FILED
Jan 22, 2009
Secretary of State

Entity Name: DADE COUNTY BOWLERETTES, INC.

Current Principal Place of Business:

9650 SOUTH BELFORT CIRCLE
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

9650 SOUTH BELFORT CIRCLE
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-6522859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, PHILLIP J
4914 SW 72ND AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETTY, CAROLE
Address: 18520 N W 82ND AVE.
City-St-Zip: HIALEAH, FL 33015

Title: VP () Delete
Name: GOLDSTEIN, SHELLEY
Address: 9420 SW 102ND ST.
City-St-Zip: MIAMI, FL 33176

Title: ST () Delete
Name: HAMMOND, SANDRA
Address: 9650 SOUTH BELFORT CIRCLE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA HAMMOND

SEC

01/22/2009

Electronic Signature of Signing Officer or Director

Date