

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752550 (4)

1. Corporation Name

CENTRAL FLORIDA BOWLING PROPRIETORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1111 W. FAIRBANKS AVE.
WINTER PARK FL 32789
US

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WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1980
3a. Date of Last Report 05/01/1994

4. FEI Number 59-2870224
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENTWORTH, ROBERT W
2628 TALBOT RD
FERN PARK FL 32730

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 607.0502 and 607.1509, 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 *Robert W. Wentworth* *Dennis J. Coleman* *3/16/95*
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 P/D
NAME WENTWORTH, ROBER W
STREET ADDRESS 2628 TALBOT RD
CITY - ST - ZIP FERN PARK FL

1.1 TITLE Change Addition
1.2 NAME S/D JOHN REGISTER
1.3 STREET ADDRESS 2861 S. Delaney
1.4 CITY - ST - ZIP Orlando, Fl. 32806

TITLE VP/D
NAME COLEMAN, DENNIS
STREET ADDRESS 202 LYNDBURST CT
CITY - ST - ZIP LONGWOOD FL

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

TITLE S
NAME MANN, MARILYN
STREET ADDRESS 8321 GANDY WAY
CITY - ST - ZIP ORLANDA FL

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
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 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: *Robert W. Wentworth* *Dennis J. Coleman* *3/16/95* *407-880-9070*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Hyphenate if more than one)