

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753791

FILED  
Mar 04, 2005  
Secretary of State

**Entity Name:** FLORIDA WHEELCHAIR BOWLING ASSOCIATION, INC.

**Current Principal Place of Business:**

1533 PELICAN PLACE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

1533 PELICAN PLACE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-2936231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBBER, WAYNE  
5809 NE 21 AVE  
1533 PELICAN PLACE  
PALM HARBOR, FL 34683 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: TD ( ) Delete  
Name: WEBBER, WAYNE  
Address: 1533 PELICAN PLACE  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete  
Name: WEBBER, WAYNE  
Address: 1533 PELICAN PL  
City-St-Zip: PALM HARBOR, FL 346836445

Title: PD ( ) Delete  
Name: ANNIS, EARLE  
Address: 2919 COUNTRY WOODS LANE  
City-St-Zip: PALM HARBOR, FL 34683

**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 for the exemption stated in Section 119.07(3)(i), 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: WAYNE A. WEBBER

TD

03/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date