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Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759614 (1)

1. Corporation Name

GREATER ORLANDO YOUTH BOWLING ASSOCIATION, INC.

Principal Place of Business

1 W. HAZEL ST.
ORLANDO FL 32854
US

Mailing Address

PO BOX 547565
ORLANDO FL 32854-7565
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1709 Yvonne St		26 PO BOX 4004		08/13/1981		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0121256		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 APOPKA FL		28 APOPKA FL		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		<input type="checkbox"/>	
24 32712		29 32704-4004		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country					
25 USA		30 USA					

9. Name and Address of Current Registered Agent

BETTY, NATALE
1 WEST HAZEL
ORLANDO FL 32854

10. Name and Address of New Registered Agent

81 Name	GREG PAXSON		
82 Street Address (P.O. Box Number is Not Acceptable)	1709 Yvonne St		
83			
84 City	APOPKA	85 Zip Code	32712
	FL		

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 *Gregory G Paxson* GREGORY G PAXSON Sec/Treas 1-21-97
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, J J	1.2 NAME	
STREET ADDRESS	330 S ORLANDO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ROMNES	2.2 NAME	CIEMAS, JERRY
STREET ADDRESS	1504 BRAMBLE CT	2.3 STREET ADDRESS	2032 DOWNSIDE PL
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	ORLANDO FL 32826
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALE, BETTY	3.2 NAME	NATALE, BETTY
STREET ADDRESS	1 WEST HAZEL (POB 547565)	3.3 STREET ADDRESS	1 WEST HAZEL (PO BOX 547565)
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32854
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, GREG	4.2 NAME	PAXSON, GREG
STREET ADDRESS	1209 YVONNE ST	4.3 STREET ADDRESS	1709 Yvonne St
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	APOPKA FL 32712
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMSKE, ROBERT	5.2 NAME	DAMSKE, BOB
STREET ADDRESS	2448 LAWANNA DR	5.3 STREET ADDRESS	2448 LAWANNA DR
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY MALOZZI	6.2 NAME	MURK, HELEN
STREET ADDRESS	2524 OSAGE TRAIL	6.3 STREET ADDRESS	1291 GRADIAS DR
CITY-ST-ZIP	FERN PARK FL	6.4 CITY-ST-ZIP	ORLANDO FL 32792

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 *Gregory G Paxson* GREGORY G PAXSON 1-21-97 407-814-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017953

CR2E037 (9/96)