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Feb 10, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 764391**

1. Corporation Name

**JACKSONVILLE ASSOCIATION OF THE YOUNG AMERICAN B  
OWLING ALLIANCE, INC.**

Principal Place of Business

802 PORT WINE LANE  
JACKSONVILLE FL 32225  
US

Mailing Address

802 PORT WINE LANE  
JACKSONVILLE FL 32225  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
29 30

3. Date Incorporated or Qualified

08/03/1982

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**WILLIS, DEBBIE  
802 PORT WINE LANE  
JACKSONVILLE FL 32225**

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

TITLE **P** ☐ DELETE  
NAME **WILLIS, TERRY**  
STREET ADDRESS **802 PORT WINE LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ DELETE  
NAME **KUCHLER, KATHY**  
STREET ADDRESS **1122 ARBOR CIRCLE**  
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **V** ☐ DELETE  
NAME **LAUDERDALE, PATRICIA**  
STREET ADDRESS **1253 W. GREEN CAY AVE**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ DELETE  
NAME **PARSONS, DEBI**  
STREET ADDRESS **2212 THIERVY DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **DV** ☐ DELETE  
NAME **BRYANT, JOYCE**  
STREET ADDRESS **10960 HAWAII DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE  
NAME **PARENTEAU, BRENDA**  
STREET ADDRESS **10821 HAPPY VALE RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: *Norma* SIGNATURE REQUIRED *Norma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

1/20/99 H- 904 282 3394  
W 904 282 6331 ext 114