


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90016 020 ****61.25

DOCUMENT # 764391 1. Entity Name JACKSONVILLE ASSOCIATION OF THE YOUNG AMERICAN BOWLING ALLIANCE, INC.					
Principal Place of Business 1146 LA MARCHE DR JACKSONVILLE FL 32205 US			Mailing Address 1146 LA MARCHE DR JACKSONVILLE FL 32205 US		
2. Principal Place of Business 802 Port Wine Lane Suite, Apt. #, etc.		3. Mailing Address 802 Port Wine Lane Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number NO-T APPLICABLE	
Zip 32225		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHRIDER, DIANA 1146 LA MARCHE JACKSONVILLE FL 32205			7. Name and Address of New Registered Agent Name Debra Willis Street Address (P.O. Box Number is Not Acceptable) 802 Port Wine Lane City Jacksonville FL Zip Code 32225		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Debra Willis</u> <u>Debra Willis</u> <u>04/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT LOWMAN, JOHN <input checked="" type="checkbox"/> Delete 5823 BLACK HORN ROAD JACKSONVILLE FL 32244		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Allen Solomon 1210 7th Avenue, N. Jacksonville Beach, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete OVERHOLTS, CLAYTON III NORMANDY BLVD JACKSONVILLE FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1st Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kathy Petersen 1122 Arbor St Orange Park, FL 32073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete ANDERSON, MICHELE 2442 EGRETS GLADE JACKSONVILLE FL 32224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Parenteau 4083 Sunbeam Rd #501 Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAA <input checked="" type="checkbox"/> Delete <i>have</i> RUSSO, TONY 12209 VERSAILLES ST JACKSONVILLE FL 32224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secy treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Debbie Willis 802 Port Wine Ln, Jacksonville, FL 32225	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete SHRIDER, DIANA 1146 LA MARCHE DR JACKSONVILLE FL 32205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sgt AA <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Debra Willis</u> <u>Debra Willis</u> <u>04/17/04</u> <u>904-281-0780</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					