


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90046 018 ****61.25

DOCUMENT # 764391 1. Entity Name JACKSONVILLE ASSOCIATION OF THE YOUNG AMERICAN BOWLING 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIS, DEBRA 802 PORT WINE LANE JACKSONVILLE, FL 32225				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>Debra Willis</i></u> 01/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PT	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, ALLEN		NAME	Kathy Petersen	
STREET ADDRESS	1210 7TH AVENUE NORTH		STREET ADDRESS	1122 ARBOR ST.	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	1VP	<input checked="" type="checkbox"/> Delete	TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, KATHY		NAME	Frank Bell	
STREET ADDRESS	1122 ARBOR ST		STREET ADDRESS	7384 Edwing Scott Dr.	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	Jax FL 32209	
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENTEAU, MICHAEL		NAME		
STREET ADDRESS	4083 SUNBEAM RD #501		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	CORRECT spelling only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DEBBIE		NAME	Willis, Debbie	
STREET ADDRESS	802 PORT WINE LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Sgt at Arms	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Brenda Parenteau	
STREET ADDRESS			STREET ADDRESS	10250 Colonial Ct, S.	
CITY-ST-ZIP			CITY-ST-ZIP	Jax, FL 32225	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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><i>Kathleen J. Petersen</i></u> 1/25/05 904) 264-2701 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					