## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2004 8:00 am Secretary of State

DOCUMENT # N0300007468  1. Entity Name TREASURE COAST BOWLING ASSOCIATION, INC.								04-27-20	004 90055	009 ***	**61.25	
215 D MANATEE LANE			215 🗓	Mailing Address 215 D MANATEE LANE FT. PIERCE, FL 34982				24056 <b>4</b>	92 			
2. Principal Place of Business			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04192004	Chg-NP	CR2E037	7 (10/03)		
City & State			City & State				4. FEI Number 59	-21623	21		oplied For of Applicable	
Zip	Zip Country		Zip		Cou	untry		of Status Desired		8.75 Add ee Require		
	6 Name :	and Address of Current	t Registered	d Agent		!	7. Name and	Address of New F	Registered A	gent		
			<u> </u>			Name						
BROWN, BILLY 215 D MANATEE LANE						Street Address (P.O. Box Number is Not Acceptable)						
FT. PIERCI	Ŀ, ⊬L 349	82	es 7 .									
		•	i.			City	<del></del>		FL	Zip Cod	e	
	named entity ons of registe	submits this statement for ered agent.	or the purpo	se of changing it	s register	ed office or re	gistered agent, or both	n, in the State of Fl	orida. I am fa	miliar with,	and accept	
		er die State										
SIGNATURE 4	Signature, typed o	x ponted name of registered agen	nt and title if appli	cable. (NO	TE: Registere	d Agent signature n	required when reinstating)		DATE			
tiling Fee is \$61.25 Due by May 1, 2004			T	9. Election Campaign Financing Trust Fund Contribution.			····	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
		ay 1, 2004					Added to Fees	Flo	rida Departi	ment of S	tate	
10.		* 10°	IRECTORS				Added to Fees	3	rida Departi	ment of S	tate	
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2. I nereby 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: Boll B Bill Brown, Pres \$ 19/04 461-569