2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002648

FILED Apr 07, 2005 Secretary of State

Entity Name: SOUTHWEST FLORIDA ROLLERBOWLERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1214 S. HABERLAND BLVD 1110 PORPOISE RD NORTH PORT, FL 34288 VENICE, FL 34293

Current Mailing Address: New Mailing Address:

1214 S. HABERLAND BLVD
NORTH PORT, FL 34288

1110 PORPOISE RD
VENICE, FL 34293

FEI Number: 03-0489111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POULIN, PETER B

1214 S. HABERLAND BLVD

NORTH PORT, FL 34288 US

DAVIES, LORRAINE I

1110 PORPOISE RD

VENICE, FL 34293 US

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.

SIGNATURE: LORRAINE I. DAVIES 04/07/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES () Delete Title: PRES (X) Change () Addition

Name: POULIN, PETER B Name: LARSEN, STEVE
Address: 1214 S. HABERLAND BLVD Address: 13462 LONG AVE

City-St-Zip: NORTH PORT, FL 34288 City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 RICHARD, HELEN
 Name:
 POULIN, PETER B

 Address:
 13462 LONG AVENUE
 Address:
 1214 S. HABERLAND BLVD

 City-St-Zip:
 PORT CHARLOTTE, FL 33953
 City-St-Zip:
 NORTH PORT, FL 34288

Title: SEC () Delete Title: () Change () Addition

 Name:
 DAVIES, LORRAINE I
 Name:

 Address:
 1110 PORPOISE RD
 Address:

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:

Title: TRES () Delete Title: () Change () Addition

 Name:
 DAVIES, LORRAINE I
 Name:

 Address:
 1110 PORPOISE RD
 Address:

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE I. DAVIES SEC 04/07/2005