

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-14-2005 90103 012 \*\*\*\*70.00

N04000003975

FILED

05 MAY -4 PM 1:23

SEC. STATE  
TALLAHASSEE, FLORIDA  
20033039

DOCUMENT # N04000003975	
1. Entity Name CITY OF PALMS BOWLING ASSOCIATION, INC.	



Principal Place of Business 1958 GROVE STREET FORT MYERS, FL 33901	Mailing Address 1958 GROVE STREET FORT MYERS, FL 33901
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**DO NOT WRITE IN THIS SPACE**



04092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-1050256	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MITCHELL, THOMAS 1958 GROVE STREET FORT MYERS, FL 33901	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MITCHELL, THOMAS 1958 GROVE STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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: *Thomas Mitchell* Thomas Mitch April 12-05 279 907616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #