2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 04, 2006 8:00 am
Secretary of State
03-27-2006 90250 026 ****61.25

DOCUMENT # N05000008071

1. Entity Name
HERNANDO COUNTY USBC WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16612 CROSSANDRA LANE SPRING HILL, FL 34610	16612 CROSSANDRA LANE SPRING HILL, FL 34610

01222006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2833152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROY, KAREN J 13032 SPENCER CT. SPRING HILL, FL 34609	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Karen J. Roy Karen J. Roy Association Mgr. 03/15/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	President Kay Wilson 16612 Crossandra Ln. Spring Hill, Fl. 34610 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Diane Osborne 3387 Harden St. Spring Hill, Fl. 34606 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Valarie Christiana 15500 Wilson Bv. Masaryktown, Fl. 34604 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Margaret Imm 2232 Currant Pl. Spring Hill, Fl. 34608 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Association Mgr. Karen Roy 13032 Spencer Ct. Spring Hill, Fl. 34609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Joyce Crosby 27143 Rochelle Rd. Spring Hill, Fl. 34602 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Association Mgr. Nancy Wood 18635 Wildlife Tr. Spring Hill, Fl. 34610 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Patricia Linn 3344 Black Oak Tr. Spring Hill, Fl. 34609 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sgt-at-Arms Carolyn Falge 27137 Rochelle Rd. Brooksville, Fl. 34602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director JoAnn Llewellyn 4348 Hagerty Ct. Spring Hill, Fl. 34608 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nancy Hurst 6095 Bzrclay Av. Spring Hill, Fl. 34609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bonnie LeTourneau 2422 Leeson St. Brooksville, Fl. 34601 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karen J. Roy Karen J. Roy 03/15/06 352/683-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #