

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90026 038 \*\*\*\*61.25

<b>DOCUMENT # N05000008071</b>					
1. Entity Name HERNANDO COUNTY USBC WOMEN'S BOWLING ASSOCIATION, INC.					
Principal Place of Business 16612 CROSSANDRA LANE SPRING HILL FL 34610		Mailing Address 16612 CROSSANDRA LANE SPRING HILL FL 34610			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2833152	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent ROY, KAREN J 13032 SPENCER CT. SPRING HILL FL 34609			7. Name and Address of New Registered Agent Name <u>DIANE OSBORNE</u> Street Address (P.O. Box Number is Not Acceptable) <u>3387 HARDEN ST</u> City <u>SPRING HILL</u> <u>FL</u> Zip Code <u>34606</u>		
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>Diane Osborne</u>		SIGNATURE <u>Diane Osborne</u>		DATE <u>4/21/07</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KAY		NAME		
STREET ADDRESS	16612 CROSSANDRA LN		STREET ADDRESS		
CITY- ST- ZIP	SPRING HILL FL 34610		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANA, VALARIE		NAME		
STREET ADDRESS	15500 WILSON BV		STREET ADDRESS		
CITY- ST- ZIP	MASARYKTOWN FL 34604		CITY- ST- ZIP		
TITLE	AMGR	<input checked="" type="checkbox"/> Delete	TITLE	DIANE Osborne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, KAREN		NAME		
STREET ADDRESS	13032 SPENCER CT		STREET ADDRESS	3387 Harden St	
CITY- ST- ZIP	SPRING HILL FL 34609		CITY- ST- ZIP	SPRING HILL FL 34606	
TITLE	AMGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, NANCY		NAME		
STREET ADDRESS	18635 WILDLIFE TR		STREET ADDRESS		
CITY- ST- ZIP	SPRING HILL FL 34610		CITY- ST- ZIP		
TITLE	SAA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALGE, CAROLYN		NAME		
STREET ADDRESS	27137 ROCHELLE RD		STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL 34602		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, NANCY		NAME		
STREET ADDRESS	6095 BZRCLAY AVE		STREET ADDRESS		
CITY- ST- ZIP	SPRING HILL FL 34609		CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Diane Osborne Diane Osborne 4/21/07 (352)683-6546

40114863

# No 5000008071

**Hernando County USBC Women's Bowling Association  
Officers and Directors**

**PRESIDENT**

Kay Wilson  
16612 Crossandra Lane  
Spring Hill, FL 34610

**VICE PRESIDENT**

Valerie Christiana  
15500 Wilson Blvd  
Spring Hill, FL 34604

**ASSOCIATION MANAGER/  
ADMINISTRATIVE DIRECTOR**

Diane Osborne  
3387 Harden St.  
Spring Hill, FL 34606

**ASSIST. ASSOCIATION MANAGER/  
FINANCIAL DIRECTOR**

Nancy Wood  
18635 Wildlife Trail  
Spring Hill, FL 34610

**SARGENT AT ARMS**

Carolyn Falge  
27137 Rochelle Rd.  
Brooksville, FL 34602

**DIRECTOR #1**

Nancy Hurst  
6095 Barclay Avenue  
Brooksville, FL 34609

**DIRECTOR #2**

Cathy Sangalang  
11245 Frigate Bird Ave  
Brooksville, FL 34613

**DIRECTOR #3**

Margaret Imm  
2282 Currant Place  
Spring Hill, FL 34608

**DIRECTOR #4**

Joyce Crosby  
27143 Rochelle Rd  
Brooksville, FL 34602

**DIRECTOR #5**

Jo Ann Llewellyn  
4348 Hagerty Court  
Spring Hill, FL 34608

**DIRECTOR #6**

Denise Bowers  
9297 Elida Road  
Spring Hill, FL 34608

**DIRECTOR #7**

Patricia Linn  
3344 Black Oak Trail  
Spring Hill, FL 34609

**DIRECTOR #8**

Bonnie LeTourneau  
2424 Leeson St  
Brooksville, FL 34601