

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008071

FILED
Feb 01, 2009
Secretary of State

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

Current Principal Place of Business:

16612 CROSSANDRA LANE
SPRING HILL, FL 34610

New Principal Place of Business:

27143 ROCHELLE ROAD
BROOKSVILLE, FL 34602

Current Mailing Address:

16612 CROSSANDRA LANE
SPRING HILL, FL 34610

New Mailing Address:

27143 ROCHELLE ROAD
BROOKSVILLE, FL 34602

FEI Number: 59-2833152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, NANCY
18635 W KOLIFE TRL
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

WOOD, NANCY
18635 WILDLIFE TRL
SPRING HILL, FL 34610 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: _____

02/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, KAY
Address: 16612 CROSSANDRA LN
City-St-Zip: SPRING HILL, FL 34610

Title: AMGR () Delete
Name: WOOD, NANCY
Address: 18635 WILDLIFE TR
City-St-Zip: SPRING HILL, FL 34610

Title: P () Delete
Name: FALGE, CAROLYN
Address: 27137 ROCHELLE RD
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FALGE, CAROLYN PRES
Address: 27137 ROCHELLE RD
City-St-Zip: BROOKSVILLE, FL 34602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NANCY WOOD

TREA

02/01/2009

Electronic Signature of Signing Officer or Director

Date