2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# N05000010370

Entity Name: FLORIDA STATE USBC YOUTH ASSOCIATION INC.

Current Principal Place of Business:

8590 SW 66 TERRACE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 773488
OCALA, FL 34477

New Mailing Address:

FEI Number: 20-3594889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TICE, SCOTT E
8590 SW 66 TERRACE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEDDING, PATSY
Address: 2575 DESOTO WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP ( ) Delete
Name: PIDGEON, PAT
Address: P.O. BOX 70
City-St-Zip: LAKE PANASOFFKE, FL 33538

Title: D ( ) Delete
Name: WETMORE, JOYCE
Address: 178 N. RIDGEWOOD AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: JOHNS, PAT
Address: 330 S. BAHAMAS AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete
Name: BILL, BEDFORD
Address: 8450 CYPRESS LAKES BLVD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D ( ) Change (X) Addition
Name: TICE, SCOTT
Address: 8590 SW 66 TERRACE
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT TICE RA 03/24/2006

Electronic Signature of Signing Officer or Director — Date