

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010370

1. Entity Name
FLORIDA STATE USBC YOUTH ASSOCIATION INC.



Principal Place of Business
**8590 SW 66 TERRACE
OCALA, FL 34476**

Mailing Address
**POST OFFICE BOX 773488
OCALA, FL 34477**



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3594889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WEDDING, PATSY**
STREET ADDRESS **2575 DESOTO WAY S.**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33712**

TITLE **VP**
NAME **PIDGEON, PAT**
STREET ADDRESS **P.O. BOX 70**
CITY-STATE-ZIP **LAKE PANASOFFKE, FL 33538**

TITLE **D**
NAME **WETMORE, JOYCE**
STREET ADDRESS **178 N. RIDGEWOOD AVENUE**
CITY-STATE-ZIP **ORMOND BEACH, FL 32174**

TITLE **D**
NAME **JOHNS, PAT**
STREET ADDRESS **330 S. BAHAMAS AVENUE**
CITY-STATE-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **D**
NAME **BILL, BEDFORD**
STREET ADDRESS **8450 CYPRESS LAKES BLVD**
CITY-STATE-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **D**
NAME **TICE, SCOTT**
STREET ADDRESS **8590 SW 66 TERRACE**
CITY-STATE-ZIP **OCALA, FL 34476**

U000000600899
01/26/07-80028-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Scott Tice
Scott Tice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 22, 2007
Date

352-266-5964
Daytime Phone #