


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90059 048 \*\*\*\*61.25

<b>DOCUMENT # N05000010370</b> 1. Entity Name <b>FLORIDA STATE USBC YOUTH ASSOCIATION INC.</b>					
Principal Place of Business <b>8590 SW 66 TERRACE OCALA, FL 34476</b>			Mailing Address <b>POST OFFICE BOX 773488 OCALA, FL 34477</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>TICE, SCOTT E 8590 SW 66 TERRACE OCALA, FL 34476</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>20-3594889</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				02202008 Chg-NP CR2E037 (12/06)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEDDING, PATSY <input type="checkbox"/> Delete 2575 DESOTO WAY S. ST. PETERSBURG, FL 33712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIDGEON, PAT <input type="checkbox"/> Delete P.O. BOX 70 LAKE PANASOFFKE, FL 33538				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETMORE, JOYCE <input type="checkbox"/> Delete 178 N. RIDGEWOOD AVENUE ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, PAT <input type="checkbox"/> Delete 330 S. BAHAMAS AVENUE TEMPLE TERRACE, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL, BEDFORD <input type="checkbox"/> Delete 8450 CYPRESS LAKES BLVD NEW PORT RICHEY, FL 34653				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICE, SCOTT <input type="checkbox"/> Delete 8590 SW 66 TERRACE OCALA, FL 34476				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Scott Tice</i> Scott Tice</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>Feb. 20, 2008</b> <small>Date</small>	
<b>352 266-5964</b> <small>Daytime Phone #</small>					