

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010370

FILED  
Feb 28, 2009  
Secretary of State

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

**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: D (X) Change ( ) Addition  
Name: FRAGOSO, JUDY  
Address: 517 TEAKWOOD DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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: SCOTT TICE

D

02/28/2009

Electronic Signature of Signing Officer or Director

Date