

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010729

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** ORLANDO REGIONAL BOWLING ASSOCIATION, INC.

**Current Principal Place of Business:**

10749 EAST COLONIAL DRIVE  
ORLANDO, FL 328174439

**New Principal Place of Business:**

**Current Mailing Address:**

10749 EAST COLONIAL DRIVE  
ORLANDO, FL 328174439

**New Mailing Address:**

FEI Number: 27-0132380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURGEON, RAYMOND G  
10749 E COLONIAL DRIVE  
ORLANDO, FL 328174439 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: PRES  
Name: LEY, RICK  
Address: PO BOX 450653  
City-St-Zip: KISSIMMEE, FL 34745

Title: 1STV  
Name: WRIGHT, ALAN  
Address: 8800 ASPEN AVENUE  
City-St-Zip: ORLANDO, FL 32817

Title: 3RDV  
Name: VANDEGRIFT, RICK  
Address: 3011 MICHIGAN AVENUE  
City-St-Zip: KISSIMMEE, FL 34744

Title: D  
Name: SEWARD, DOUG  
Address: 173 RIGGINS WAY  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: MCCORD, ALAN  
Address: 2752 WILDHORSE ROAD  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: CLIATT, RUFUS SR.  
Address: 613 19TH STREET  
City-St-Zip: ORLANDO, FL 32805

I hereby 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 all other like empowered.

SIGNATURE: RICK LEY

PRES

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date