

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003315

FILED
Feb 21, 2011
Secretary of State

Entity Name: NORTHWEST FLORIDA BOWLING CONFERENCE, INC.

Current Principal Place of Business:

% JIM ALLERHEILIGEN
384 ECHO CIR
FT WALTON BEACH, FL 325486326 US

New Principal Place of Business:

Current Mailing Address:

% JIM ALLERHEILIGEN
384 ECHO CIR
FT WALTON BEACH, FL 325486326

New Mailing Address:

FEI Number: 80-0488133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLERHEILIGEN, JIM
384 ECHO CIR
FT WALTON BEACH, FL 325486326 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
Name: ARNOLD, THOMAS
Address: 2321 HUMMINGBIRD DR
City-St-Zip: MARIANNA, FL 32448

Title: D
Name: SALE, LINDA
Address: 9109 LAKE FOREST DR
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D
Name: MCGINNES, DAVE
Address: 113 OVERVIEW DR
City-St-Zip: CRESTVIEW, FL 32539

Title: D
Name: HAWKINS, DARLENE
Address: 1497 BENJAMIN CHAIRES RD
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP
Name: REYNOLDS, STEVEN
Address: 504 THIRD AVE
City-St-Zip: DESTIN, FL 32541

Title: V P
Name: MEYERS, BRUCE
Address: 3327 JOHN HANCOCK DR.,
City-St-Zip: TALLAHASSEE, FL 32312

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: JAMES E. ALLERHEILIGEN

MANA

02/21/2011

Electronic Signature of Signing Officer or Director

Date