


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90087 020 \*\*\*\*61.25

<b>DOCUMENT # N06000003753</b>					
<b>1. Entity Name</b> PALM BEACH COUNTY UNITED STATES BOWLING CONGRESS WOMEN'S BOWLING ASSOCIATION, INC.					
<b>Principal Place of Business</b> 17815 BRIAR PATCH TRAIL BOCA RATON, FL 33487			<b>Mailing Address</b> 17815 BRIAR PATCH TRAIL BOCA RATON, FL 33487		
<b>2. Principal Place of Business - No P.O. Box #</b> 3923 Lake Worth Rd		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. #202		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake Worth Fl.		<b>City &amp; State</b>			
Zip 33461		Country U.S.A.		Zip	
Country		<b>4. FEI Number</b> 20-4561524			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STANNARD, REGINA 17815 BRIAR PATCH TRAIL BOCA RATON, FL 33487			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
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</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> 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>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
<b>TITLE</b>	<b>NAME</b> President Regina Stannard 17815 Briar Patch Trail Boca Raton Fl. 33487	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b> 1st Vice President Jan Kaufman 5168 Texas Lane Delray Beach Fl. 33484	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b> Office Manager April Costa 3897 Robber Beach Drive Lake Worth Fl. 33467	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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>					
<b>SIGNATURE:</b> <u>Regina Stannard</u> <span style="float: right;">7/10/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					