


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000005642	
1. Entity Name INDIAN RIVER (USBC) WOMEN'S BOWLING ASSOCIATION, INC.	

Principal Place of Business 1145 FAULKINGHAM RD. MERRITT ISLAND, FL 32952	Mailing Address 1145 FAULKINGHAM RD. MERRITT ISLAND, FL 32952
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOPPESCH, LADORIS 1145 FAULKINGHAM RD. MERRITT ISLAND, FL 32952

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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.

SIGNATURE LaDoris Hoppesch **LaDoris Hoppesch** **Association Manager** **4-15-08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000911361 05/07/08-90037-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTLEY, SUSAN 843 WESTPORT DR. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, CATHY 3736 CHIARA DR. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOANN 5800 N. BANANA RIVER BLVD. CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTT, JOAN 1384 WILDWOOD WAY ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, DELORIS 2021 COOPER DR. COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAIN, MARY A. 1009 ORANGE WOODS BLVD. ROCKLEDGE, FL 32955

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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.

SIGNATURE: Mary Alice Main **Mary Alice Main** **Vice President** **4-15-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #