

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005642

FILED
Apr 30, 2009
Secretary of State

Entity Name: INDIAN RIVER (USBC) WOMEN'S BOWLING ASSOCIATION, INC.

Current Principal Place of Business:

1145 FAULKINGHAM RD.
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

1145 FAULKINGHAM RD.
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPPESCH, LADORIS
1145 FAULKINGHAM RD.
MERRITT ISLAND, FL 32952 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: D () Delete
Name: ARTLEY, SUSAN
Address: 843 WESTPORT DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BROWNE, CATHY
Address: 3736 CHIARA DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: DAVIS, JOANN
Address: 5800 N. BANANA RIVER BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: BUTT, JOAN
Address: 1364 WILDWOOD WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: FOWLER, DELORIS
Address: 2021 COOPER DR.
City-St-Zip: COCOA, FL 32922

Title: V () Delete
Name: MAIN, MARY A.
Address: 1009 ORANGE WOODS BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SPRAGUE, LINDA
Address: 790 SUNSET LAKES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D (X) Change () Addition
Name: FRASHER, BETH ANN
Address: 1490 JAMES AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

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

Title: D (X) Change () Addition
Name: COCHRAN, STORME
Address: 905 HILLCREST AVENUE
City-St-Zip: TITUSVILLE, FL 32796

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

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: LADORIS HOPPESCH

O

04/30/2009

Electronic Signature of Signing Officer or Director

Date