

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005642

FILED
Mar 20, 2012
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: 56-2584437

FEI Number Applied For ()

FEI Number Not Applicable ()

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: VP
Name: SPRAGUE, LINDA
Address: 790 SUNSET LAKES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D
Name: FRASHER, BETH ANN
Address: 1490 JAMES AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953 US

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

Title: V
Name: FERGUSON, CANDICE
Address: 4100 CUSHMAN DRIVE
City-St-Zip: MIMS, FL 32754 US

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

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

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: LADORIS HOPPESCH

MGR

03/20/2012

Electronic Signature of Signing Officer or Director

Date