

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011393

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** WEST VOLUSIA USBC BOWLING ASSOCIATION, INC.

**Current Principal Place of Business:**

1603 PALMETTO AVE.  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

1603 PALMETTO AVE.  
DELAND, FL 32724

**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:**

BENJO, JANET  
972 ENGLISH TOWN LANE  
#210  
WINTER SPRINGS, FL 32708 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 ( ) Delete  
Name: BENJO, JANET  
Address: 972 ENGLISH TOWN LANE, #210  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: WALDREN, WILLIAM  
Address: 1603 PALMETTO AVE  
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete  
Name: STONE, JERRY  
Address: 2900 JACQUELINE CIR.  
City-St-Zip: GLENWOOD, FL 32722

Title: D ( ) Delete  
Name: WALDREN, ELIZABETH A  
Address: 1603 E. PALMETTO AVE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: MENARD, ROBERT JR  
Address: 1515 S. SPRING GARDEN AVE  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: COGBURN, SHARON A  
Address: 3229 CLEWISTON ST  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BENJO, JANET  
Address: PO BOX 390013  
City-St-Zip: DELTONA, FL 32739

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

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

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

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: ELIZABETH A. WALDREN

D

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date