


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90034 042 \*\*\*\*61.25

<b>DOCUMENT # N07000002854</b>					
<b>1. Entity Name</b> EMERALD COAST UNITED STATES BOWLING CONGRESS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 333 RACE TRACK RD NW SUITE 109 FORT WALTON BEACH, FL 32547			<b>Mailing Address</b> 333 RACE TRACK RD NW SUITE 109 FORT WALTON BEACH, FL 32547		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-4120957	
Zip		Country		Applied For Not Applicable	
Zip		Country		<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>			<b>7. Name and Address of New Registered Agent</b>		
ALLERHEILIGEN, JAMES 384 ECHO CIR FORT WALTON BEACH, FL 32548			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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 Due by May 1, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> LAMBERT, MIM <b>STREET ADDRESS</b> 240 ANDERSON DR <b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> MICHAEL R. SPENCER <b>STREET ADDRESS</b> 202 COSTAKI CT N.W. <b>CITY-ST-ZIP</b> FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> ALLERHEILIGEN, CAROL <b>STREET ADDRESS</b> 384 ECHO CIR <b>CITY-ST-ZIP</b> FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		<b>TITLE</b> DIRECTOR <b>NAME</b> HARRY FORTENBERRY <b>STREET ADDRESS</b> 617 SPENCER DR <b>CITY-ST-ZIP</b> FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> JOHNSON, THOMAS <b>STREET ADDRESS</b> 1925 ELODIE LN <b>CITY-ST-ZIP</b> GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> WEAVER, CLINT <b>STREET ADDRESS</b> 1189 BROOKRIDGE TRACE <b>CITY-ST-ZIP</b> FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SAR <b>NAME</b> CROMARTIE, RAY <b>STREET ADDRESS</b> 744 RANDALL ROBERT RD <b>CITY-ST-ZIP</b> FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RUFFIN, BONNIE <b>STREET ADDRESS</b> 20 PINEHURST DR <b>CITY-ST-ZIP</b> SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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> <i>James E. Allerheiligen</i>			4/2/08 850-226-6576		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		