# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# N07000002854

**Entity Name:** EMERALD COAST UNITED STATES BOWLING CONGRESS ASSOCIATION, INC.

**Current Principal Place of Business:**

333 RACE TRACK RD NW
SUITE 109
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

333 RACE TRACK RD NW
SUITE 109
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number: 20-4120957** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLERHEILIGEN, JAMES
384 ECHO CIR
FORT WALTON BEACH, FL 32548 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: | LAMBERT, MIM | |
| Address: | 240 ANDERSON DR | |
| City-St-Zip: | MARY ESTHER, FL 32569 | |
| Title: | VP | ( ) Delete |
| Name: | ALLERHEILIGEN, CAROL | |
| Address: | 384 SCHO CIR | |
| City-St-Zip: | FORT WALTON BEACH, FL 32548 | |
| Title: | VP | ( ) Delete |
| Name: | JOHNSON, THOMAS | |
| Address: | 1925 ELODIE LN | |
| City-St-Zip: | GULF BREEZE, FL 32563 | |
| Title: | VP | ( ) Delete |
| Name: | SPENCER, MICHAEL R | |
| Address: | 202 COSTAKI CT NW | |
| City-St-Zip: | FORT WALTON BEACH, FL 32548 | |
| Title: | SAR | ( ) Delete |
| Name: | CROMARTIE, RAY | |
| Address: | 744 RANDALL ROBERT RD | |
| City-St-Zip: | FORT WALTON BEACH, FL 32547 | |
| Title: | D | ( ) Delete |
| Name: | FORTENBERRY, HARRY | |
| Address: | 617 SPENCER DRIVE | |
| City-St-Zip: | FORT WALTON BEACH, FL 32547 | |

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

| | |
|---|---|
| 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: | |
| 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: MIMI LAMBERT P 03/20/2009

Electronic Signature of Signing Officer or Director — Date