

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N12399** (4)

1. Corporation Name

**SENIOR BOWLING CLUBS OF FLORIDA, INC.**

Principal Place of Business

**210 LAKE ELLEN DRIVE  
TAMPA FL 33618  
US**

Mailing Address

**2510 LAKE ELLEN DRIVE  
TAMPA FL 33618  
US**



3. Date Incorporated or Qualified  
**12/05/1985**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2521 Chapel Way**  
Suite, Apt. #, etc.

26 **2521 Chapel Way**  
Suite, Apt. #, etc.

22 City & State  
**Tampa, FL**

27 City & State  
**Tampa, FL**

23 Zip Country  
**33618-4504 US**

28 Zip Country  
**33618 4504 US**

24 **33618-4504**

25 **US**

29 **33618 4504**

30 **US**

4. FEI Number  
**59-2656506**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, GEORGE W., ATTY.  
8001 N. DALE MABRY HIGHWAY  
SUITE 501H  
TAMPA FL 33614**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **TROYER, GEORGE**  
STREET ADDRESS **8815 BRYN DRIVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VPD** ☒ DELETE  
NAME **WOOLF, CY**  
STREET ADDRESS **3802 W ALVA**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VPD** ☒ DELETE  
NAME **DEVANE, SHIRLEY J**  
STREET ADDRESS **4012 OAK LIMB COURT**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☒ DELETE  
NAME **PORTER, SALLY**  
STREET ADDRESS **2510 LAKE ELLEN DRIVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ DELETE  
NAME **HICKINBOTHAM, JEAN**  
STREET ADDRESS **4716 LEILA**  
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ DELETE  
NAME **JAMES, JENNY**  
STREET ADDRESS **2202 DURANT ROAD**  
CITY-ST-ZIP **VALRICO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **ROSEN, MILTON**  
1.3 STREET ADDRESS **11305 MILLBROOK**  
1.4 CITY-ST-ZIP **TAMPA, FL 33611**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **ARNIE DENISON**  
2.3 STREET ADDRESS **17571-C STIMESDALE WAY**  
2.4 CITY-ST-ZIP **Lutz, FL 33549**

3.1 TITLE **VPD** ☒ Change ☐ Addition  
3.2 NAME **BERKELEY, JEAN**  
3.3 STREET ADDRESS **3506 W. PEARL**  
3.4 CITY-ST-ZIP **TAMPA, FL 33611**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **WETHERINGTON, MARCE**  
4.3 STREET ADDRESS **2521 Chapel Way**  
4.4 CITY-ST-ZIP **TAMPA, FL 33618-4504**

5.1 TITLE **SD** ☒ Change ☐ Addition  
5.2 NAME **WOLKMAN, ROBERT**  
5.3 STREET ADDRESS **2508 MOBILGIRE**  
5.4 CITY-ST-ZIP **Lutz, FL 33549**

6.1 TITLE **SD** ☒ Change ☐ Addition  
6.2 NAME **WELTY, VERA**  
6.3 STREET ADDRESS **6016 TOWN COUNTRY BLVD.**  
6.4 CITY-ST-ZIP **TAMPA FL 33615**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marge Wetherington**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **11-30-96** (813) 932-8432  
Daytime Phone

CR2E037 (12/95)