


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N26534 1. Entity Name SOUTH BREVARD WOMEN'S BOWLING ASSOCIATION, INC.	
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Principal Place of Business 828 HERON RD COCOA, FL 32926 US	Mailing Address 828 HERON RD COCOA, FL 32926 US
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03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1680334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PICKETT, DONNA 828 HERON RD COCOA, FL 32926
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000340701 04/28/05-80125-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEMAN, GUYNELL 373 THOMAS BARBOUR DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATNEY, TERRY 2456 KING RICHARD RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICKETT, DONNA 828 HERON, RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Donna Pickett 4-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #