


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 044 ****61.25

| | | | |
|--|------------------------|---|-----------------------|
| DOCUMENT # N26534 1. Entity Name SOUTH BREVARD USBC WOMEN'S BOWLING ASSOCIATION INC. | |  | |
| Principal Place of Business 828 HERON RD COCOA, FL 32926 US | | Mailing Address 828 HERON RD COCOA, FL 32926 US | |
| 2. Principal Place of Business - No P.O. Box # 953 CHEROKEE RD SE Suite, Apt. #, etc. | | 3. Mailing Address 953 CHEROKEE RD Suite, Apt. #, etc. | |
| City & State PALM BAY, FLORIDA Zip 32909 | | City & State PALM BAY, FL Zip 32909 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-1680334 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCGERVEY, GOLDIE 225 FOUNTAINHEAD BLVD MELBOURNE, FL 32935 | | 7. Name and Address of New Registered Agent Name LOU MARTIN Street Address (P.O. Box Number is Not Acceptable) 953 CHEROKEE RD. S.E. City PALM BAY FL 32909 | |
| 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 LOU MARTIN <i>Lou Martin</i> 03/31/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D | TITLE | 1ST VICE PRESIDENT |
| NAME | COLEMAN, GUYNELL | NAME | BETTE STIFT |
| STREET ADDRESS | 373 THOMAS BARBOUR DR | STREET ADDRESS | 2002 BARKLEY AVE |
| CITY-ST-ZIP | MELBOURNE, FL | CITY-ST-ZIP | MELBOURNE, FL 32935 |
| TITLE | D | TITLE | ASSOCIATION MANAGER |
| NAME | MATNEY, TERRY | NAME | LOU MARTIN |
| STREET ADDRESS | 2456 KING RICHARD RD | STREET ADDRESS | 953 CHEROKEE RD, S.E. |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | CITY-ST-ZIP | PALM BAY, FL 32909 |
| TITLE | D | TITLE | |
| NAME | MCGERVEY, GOLDIE | NAME | |
| STREET ADDRESS | 2925 FOUNTAINHEAD BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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. | | | |
| SIGNATURE: <i>Lou Martin</i> LOU MARTIN | | 03/31/07 321-951-0048 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |