


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26534</b>		
1. Entity Name <b>SOUTH BREVARD USBC WOMEN'S BOWLING ASSOCIATION INC.</b>		
Principal Place of Business <b>953 CHEROKEE RD SE PALM BAY, FL 32909 US</b>	Mailing Address <b>953 CHEROKEE RD SE PALM BAY, FL 32909 US</b>	



02062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3933065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MARTIN, LOU 953 CHEROKEE RD SE PALM BAY, FL 32909</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000028734  
04/25/08-80019-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP STIFF, BETTE 2002 BARKLEY AVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMGR MARTIN, LOU 953 CHEROKEE RD SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGERVEY, GOLDIE 2925 FOUNTAINHEAD BLVD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Lou Martin* **Lou Martin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 8, 2008* **321-951-0048**  
Date Daytime Phone #