2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N26534



FILED Mar 17, 2003 8:00 am § Secretary of State

Zip Country Zip Country -5Certificate of Status Desired Registered Agent -5Certificate of Status Desired Registered Agent -5Certificate of Status Desired Registered Agent Registered Agent -5Certificate of Status Desired Registered Agent Registered Agent -5Certificate of Status Desired Registered Agent	SOUTH	Brevard Women's Bowlin	IG ASSOCIATION, INC.		03-		1.25	
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City & State Country Coun	2. Principal I	Place of Business	3. Mailing Address					
E. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name PICKETT, DONNA Street Address (P.O. Box Number is Not Acceptable) Street Addres	Suite, Apt	. #, etc.	Suite, Apt. #, etc.		— СН	ECK HERE IF MAKING CHANGE	s	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent PICKETT, DONNA 828 HERON RD COCOA FL 32928 City FL Zip Code City FL Zip Code Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Accepta	City & Sta	te	City & State		4. FEI Number 59-	1680334	Applied For	
PICKETT, DONNA 828 HERON RD COCOA FL 32926 8. The above named entity submits this statement for the purpose of changing its registered collide or registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident the obligations of registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to registered agent, or boin, in the State of Florida. I am 'amiliar with, and accident to Plotida. I amiliar with,	Zip		Zip	Country	- 5Certificate of Statu	s Desired □ \$8.75 A	dditional	
Street Address (P.O. Box Number is Not Acceptable)			Registered Agent		7. Name and Addres	ss of New Registered Agent		
B28 HERON RD COCOA FL 33926 City FL Zip Code It the obligations of registered agent, or born, in the State of Florida. I an familiar with, and act the obligations of registered agent, or born, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE				Name				
8. The above named entity submits this statement for the purpose of changing its againstered agent, or both, in the State of Fords. I am familiar with, and act the obligations of registered agent. City	828 HERON RD			Street Address (P.O. Box Number is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I and namiliar with, and accidence the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. DATE Make Check Payable to Fiorida Department of State TILE NOW: FEE IS \$61.25 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 COLEMAN, GUYNELL 373 THOMAS BARBOUR DR MELBOURNE FL INLE NAME STREET ADDRESS CITY-ST-2P TILE D CRange PALM BAY FL D Delete TILE D POINT ST-2P TILE D POINT ST-2P Delete TILE D POINT ST-2P TILE D CRange Add TILE D Change Add Add TOP ST-2P TILE D CRange Add Add Add Add Change Add Add Add Add Add Change Add Add Add Add Add Add Add A	COCOA	FL 32926						
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME COLEMAN, GUYNELL STREET ADDRESS OTTY-ST-ZIP ITILE D. SEVERANCE, BESSIE STREET ADDRESS CITY-ST-ZIP ITILE D. SEVERANCE, BESSIE STREET ADDRESS CITY-ST-ZIP ITILE D. SEVERANCE, BESSIE STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZI		Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signature require	ed when reinstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		FILE NOW: FEE IS \$61.25						
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

3/11/03

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