

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32438

FILED
Apr 09, 2004
Secretary of State**Entity Name:** FLORIDA SHRINE BOWL ASSOCIATION, INC.**Current Principal Place of Business:**3800 ST. JOHN'S BLUFF ROAD
PO BOX 16039
JACKSONVILLE, FL 322456039**New Principal Place of Business:****Current Mailing Address:**3800 ST. JOHN'S BLUFF ROAD
PO BOX 16039
JACKSONVILLE, FL 322456039**New Mailing Address:****FEI Number:** 59-0143435**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DOSS, ARTHUR L
3800 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32224 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THIGPEN, GARY
Address: 535 BALD EAGLE ROAD
City-St-Zip: ORANGE PARK, FL 32003

Title: SD () Delete
Name: DOSS, ARTHUR L
Address: 6289 NANCY DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: ED () Delete
Name: PAPA, VICTOR H
Address: 1570 LEBARON AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS () Delete
Name: MOTLEY, JACK A SR
Address: 1369 BLACKHAWK TRAIL E.
City-St-Zip: JACKSONVILLE, FL

Title: DT () Delete
Name: PEARSON, VERNON B
Address: 10275 ST. AUGUSTINE ROAD #804
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: KOBLENTZ, LARRY L
Address: 4505 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: RAINES, JAMES H
Address: 3229 CALLIE CT.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KOBLENTZ, LARRY L
Address: 4505 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY L. KOBLENTZ

PD

04/09/2004

Electronic Signature of Signing Officer or Director

Date