

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90053 027 \*\*\*\*61.25

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02182005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N42529</b> 1. Entity Name <b>THE TOURNAMENT BOWLING CLUB OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>4740 MARLBORO CIRCLE E. JACKSONVILLE, FL 32206</b>			Mailing Address <b>4740 MARLBORO CIRCLE E. JACKSONVILLE, FL 32206</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3120732</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAHAM, YVONNE 4740 MARLBORO CIRCLE JACKSONVILLE, FL 32206</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>WANTON, JANETTE</b> <b>9441 SPOTSWOOD RD</b> <b>JACKSONVILLE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SMITH, GLORIA</b> <b>4929 FREDERICKBURG AVE</b> <b>JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS <b>MULLER, DOROTHY</b> <b>855 WEST 31ST STREET</b> <b>JACKSONVILLE, FL 32209</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>COLVIN, VELMA</b> <b>3800 HARBORVIEW AVE</b> <b>JACKSONVILLE, FL 32208</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WRIGHT, Cynthia</b> <b>8508 LONG MEADOW</b> <b>JACKSONVILLE, FL 32244-6139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM <b>BRUNSWICK, JOANN C</b> <b>3223 EVERGREEN AVE</b> <b>JACKSONVILLE, FL 32206</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COLLETTE CARR</b> <b>108 DORIS STREET</b> <b>ST. MARY'S, GA. 31558</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>ALEXANDER, CAROLYN</b> <b>10610 PLUM HOLLOW DR</b> <b>JACKSONVILLE, FL 32222</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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: <u><i>Janette Winton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/19/05 904-764-7848 <small>Date Daytime Phone #</small>		