2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

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| OCUMENT # N42529 | 200 |
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| HE TOURNAMENT BOWLING CLUB OF JACKSONVILLE, | |
| IC. | |

| INC. | PRINAIVIENT BOWLING CLO | B OF JACKSONVILLI | | | (1.11) | | | | |
|---|---|--|---|------------------------|--|--|--------------------|-------------------------------|------------------------------|
| 4740 MARLE | re of Business BORO CIRCLE E. LE, FL 32206 | Mailing Address 4740 MARLBORO CIRCLE JACKSONVILLE, FL 3220 | | | 301 | J&1314 | | | |
| | | | | | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 02182005 C | hg-NP | CR2E03 | 7 (10/03) | | |
| City & State City & State | | | | 4. FEI Number 59-31207 | 32 | | | pplied For ot Applicable - | |
| - Zip- | Country | Zip | Country | | 5. Certificate of S | itatus Desired | | \$8.75 Ad Fee Require | ditional |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Ad | dress of New R | egistered <i>F</i> | \gent | |
| GRAHAM, | YVONNE | | Name | | | | | | |
| 4740 MAR | LBORO CIRCLE IVILLE, FL 32206 | | Street A | ddress (P | O. Box Number is | Not Acceptable | 9) | | |
| | | | <u> </u> | | | | | | |
| | | | City | | | | FL | Zip Coo | de |
| | named entity submits this statement fo | r the purpose of changing its re | gistered office or | r registere | d agent, or both, in | the State of Flo | rida. I am (| amiliar with | , and accept |
| the obligat | tions of registered agent. | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent is | and title if applicable. (NOTE: F | Registered Agent signat. | nie tedniseq / | when reinstating) | | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaig Trust Fund Contril | | | | | | | | | |
| | - | | | | \$5.00 May Be Added to Fees | | | payable t | |
| 10. | - | Trust Fund Co | | Ш , | \$5.00 May Be Added to Fees DDITIONS/CHANG | Fior | ida Depart | ment of S | itate |
| HILE | OFFICERS AND DIF | Trust Fund Co | 11. IIILE | Ш , | Added to Fees | Fior | ida Depart | ment of S | itate |
| TITLE NAME | OFFICERS AND DIE OFFICERS AND DIE OP WANTON, JANETTE | Trust Fund Co | 11. IHLE NAME | Ш , | Added to Fees | Fior | ida Depart | RECTORS IN | N 10 |
| HILE | OFFICERS AND DIF | Trust Fund Co | 11. IIILE | Ш , | Added to Fees | Fior | ida Depart | RECTORS IN | N 10 |
| JITLE NAME STREET ADDRESS | Due by May 1, 2005 OFFICERS AND DIF DP WANTON, JANETTE 9441 SPOTTSWOOD RD JACKSONVILLE, FL S | Trust Fund Co | TILE NAME STREET ADDRESS | Ш , | Added to Fees | Fior | ida Depart | RECTORS IN | N 10 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Due by May 1, 2005 OFFICERS AND DIF DP WANTON, JANETTE 9441 SPOTTSWOOD RD JACKSONVILLE, FL S SMITH, GLORIA | Trust Fund Co | 11. TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | Ш , | Added to Fees | Fior | ida Depart | RECTORS IN | itate N 10 Addition |
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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 eath; 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 23, 2005 8:00 am Secretary of State 02-23-2005 90053 027 ****61.25