

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42529

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE TOURNAMENT BOWLING CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

4740 MARLBORO CIRCLE E.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

4740 MARLBORO CIRCLE E.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3120732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, YVONNE
4740 MARLBORO CIRCLE
JACKSONVILLE, FL 32206 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: DP () Delete
Name: WANTON, JANETTE
Address: 9441 SPOTTSWOOD RD
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: WRIGHT, CYNTHIA
Address: 8508 LONG MEADOW CT
City-St-Zip: JACKSONVILLE, FL 322446135

Title: FS () Delete
Name: MULLER, DOROTHY
Address: 855 WEST 31ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: AS () Delete
Name: HILL-GULLAT, ROSALYN
Address: 1272 TURTLE CREEK DR NIRTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: DM () Delete
Name: COLLETTE, CARR
Address: 108 DORIS STREET
City-St-Zip: SAINT MARYS, GA 31558

Title: T () Delete
Name: ALEXANDER, CAROLYN
Address: 10610 PLUM HOLLOW DR
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AS (X) Change () Addition
Name: VILLAREAL, GLORIA
Address: 1272 TURTLE CREEK DR NIRTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: DM (X) Change () Addition
Name: BRUNSWICK, JOANN
Address: 3223 EVERGREEN AVE
City-St-Zip: JACKSPNVILLE, FL 32206

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JANNETTA WANTON

DP

04/30/2007

Electronic Signature of Signing Officer or Director

Date