


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90057 002 ****61.25

DOCUMENT # N94000000104 1. Entity Name FLORIDA BOWLING QUEENS, INC.					
Principal Place of Business 240 ANDERSON DR MARY ESTHER FL 32569-1804			Mailing Address 240 ANDERSON DR MARY ESTHER FL 32569-1804		
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 59-2692680 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
LAMBERT, MIMI 240 ANDERSON DR MARY ESTHER FL 32569-1804				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARY ANN BURNEY,		NAME		
STREET ADDRESS	P.O. BOX 90284 N/A		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOAN DUNLAP,		NAME		
STREET ADDRESS	P.O. BOX 3851 N/A		STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, DEBBIE		NAME		
STREET ADDRESS	4902 N MACDILL AVE # 1912		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GNEGY, BARBARA		NAME		
STREET ADDRESS	4061 SHADY VIEW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		CITY-ST-ZIP		
TITLE	SAA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHAN, RITA		NAME		
STREET ADDRESS	5446 58TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	ADD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUFFIN, BONNIE		NAME		
STREET ADDRESS	20 PINEHURST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579		CITY-ST-ZIP		
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: <i>Mimi Lambert</i> <i>Mimi Lambert</i> <i>3-18-04</i> <i>850 865-8726 (cell)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E037 (11/03)