

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001122

FILED  
Apr 06, 2008  
Secretary of State

**Entity Name:** OCALA USBC WOMEN'S BOWLING ASSOCIATION INC.

**Current Principal Place of Business:**

2260 NE 39TH ST  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

2260 NE 39TH ST  
OCALA, FL 34479

**New Mailing Address:**

**FEI Number:** 59-1619863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLVIN, SUE  
2260 NE 39TH ST  
OCALA, FL 34479 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: P ( ) Delete  
Name: BROADERICK, GAIL  
Address: P.O. BOX 331  
City-St-Zip: ANTHONY, FL 32617

Title: ST ( ) Delete  
Name: COLVIN, SUE S  
Address: 2260 NE 39TH ST  
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete  
Name: DAVIS, CONNIE  
Address: 11100 NE 47 AVE  
City-St-Zip: ANTHONY, FL 32617

Title: D ( ) Delete  
Name: COOK, BARBARA  
Address: 2826 NE 99TH ST  
City-St-Zip: ANTHONY, FL 32617

**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: ( ) 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: SUE S. COLVIN

MGR

04/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date