

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001871 (1)**

1. Corporation Name

FLORIDA SPACE COAST BOWLING ASSOCIATION, INC.



Principal Place of Business 680 BELVEDERE RD NW PALM BAY FL 32907	Mailing Address 680 BELVEDERE RD NW PALM BAY FL 32907
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3. Date Incorporated or Qualified 04/14/1995
4. FEI Number 59-3325734
Applied For Not Applicable

2. Principal Place of Business 21 2244 WOODBURY ROAD Suite, Apt. #, etc. 22	2a. Mailing Address 26 2244 Woodbury Road Suite, Apt. #, etc. 27
City & State 23 MELBOURNE FL Zip 24 32935	City & State 28 Melbourne FL Zip 29 32935
Country 25 USA	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRUMAN, R.E. 680 BELVEDERE RD NW PALM BAY FL 32907		10. Name and Address of New Registered Agent 81 Name CLEON FARIDES 82 Street Address (P.O. Box Number is Not Acceptable) 2244 WOODBURY ROAD 83 84 City MELBOURNE FL 85 Zip Code 32935	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **CLEON FARIDES** *Cleon Farides* DATE **5-28-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SANDERS, ALBERT N <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	449 NINE RD NE	1.2 NAME	
STREET ADDRESS	PALM BAY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D STIFT, ROBERT R <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2002 BARKLEY AVE	2.2 NAME	RITTER, CARL W
STREET ADDRESS	MELBOURNE FL 32935	2.3 STREET ADDRESS	75 Alhambra Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MERENT Island, FL 32952
TITLE	D STOUT, MARK G <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6349 HUDSON RD	3.2 NAME	
STREET ADDRESS	COCOA FL 32927	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SMITH, GREGORY T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1147 MANATEE DR	4.2 NAME	
STREET ADDRESS	ROCKLEDGE FL 32955	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ROBERTS, B.G. JR. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1800 OMEGA ST NE	5.2 NAME	
STREET ADDRESS	PALM BAY FL 32905	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cleon Farides* **CLEON FARIDES** DATE **5-28-98** **407-253-0215**

CR2E037 (10/97)