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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002249

1. Corporation Name

PORT ST. LUCIE YOUNG AMERICAN BOWLING ALLIANCE, INC.

Principal Place of Business

1909 SE SANDIA DRIVE
PORT ST. LUCIE FL 34983

Mailing Address

1909 SE SANDIA DRIVE
PORT ST. LUCIE FL 34983



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/17/1998

4. FEI Number

65-0832661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOODRICH, MARK
1909 SE SANDIA DRIVE
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 MARK GOODRICH PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/7/99

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BRUNET, MADELYN**
STREET ADDRESS **102 SW STARFISH AVENUE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE **D** ☐ DELETE

NAME **HERNDON, DEBORAH**
STREET ADDRESS **537 SW LUCERO DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **D** ☐ DELETE

NAME **WHITEHOUSE, MARSHA**
STREET ADDRESS **2437 SE DRAYTON ROAD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **P** ☐ DELETE

NAME **GOODRICH, MARK**
STREET ADDRESS **1909 SE SANDIA DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **V** ☐ DELETE

NAME **HALE, LINDA**
STREET ADDRESS **398 NARANJA AVENUE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: Mark Goodrich **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-561-878-2903

CR2E037 (11/98)