

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002630

FILED
Apr 24, 2005
Secretary of State

Entity Name: FLORIDA YOUTH SCRATCH BOWLERS TOURNAMENT, INC.

Current Principal Place of Business:

752 JOHN CARROLL LANE
WEST MELBOURNE, FL 329047533

New Principal Place of Business:

Current Mailing Address:

752 JOHN CARROLL LANE
WEST MELBOURNE, FL 329047533

New Mailing Address:

FEI Number: 59-3422142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOSCHETTER, CHRISTOPHER F
752 JOHN CARROLL LANE
WEST MELBOURNE, FL 329047533 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: D () Delete
Name: LOSCHETTER, CHRISTOPHER F
Address: 752 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 329047533

Title: D () Delete
Name: LOSCHETTER, MARY S
Address: 752 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 329047533

Title: D () Delete
Name: STEPHENSON, TOM
Address: 1207 WATERWAY ST SW
City-St-Zip: PALM BAY, FL 32908

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER F. LOSCHETTER

D

04/24/2005

Electronic Signature of Signing Officer or Director

Date