

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90196 044 ****61.25

DOCUMENT # N98000004601

1. Corporation Name

**HERNANDO COUNTY ASSOCIATION OF THE YOUNG AMERICA
N BOWLING ALLIANCE, INC.**

Principal Place of Business

12348 BARROW ST
SPRING HILL FL 34609

Mailing Address

12348 BARROW ST
SPRING HILL FL 34609



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

08/01/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59 3102478

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINNEGAR, SUSAN
12348 BARROW ST
SPRING HILL FL 34609**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PRESIDENT/
DAVE MAY**
STREET ADDRESS **2109 COACHMAN RD**
CITY-ST-ZIP **SPRING HILL, FL 34608**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DIRECTOR

**CINDY EMMERICH
11332 LINDEN DR
SPRING HILL FL 34609**

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VICE PRESIDENT
JACK TINKHAM**
STREET ADDRESS **4498 BLUEWATER AVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SECTREASURER
SUSAN WINNEGAR**
STREET ADDRESS **12348 BARROW ST**
CITY-ST-ZIP **SPRING HILL FL 34609**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SGT AT ARMS
GEORGE EMMERICH**
STREET ADDRESS **11332 LINDEN DR**
CITY-ST-ZIP **SPRING HILL FL 34609**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DIRECTOR
ROBERT MAHR**
STREET ADDRESS **5104 LANDOVER**
CITY-ST-ZIP **SPRING HILL FL 34609**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DIRECTOR
JANE MAY**
STREET ADDRESS **2109 COACHMAN RD**
CITY-ST-ZIP **SPRING HILL FL 34608**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Susan Winnegar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (352) 683-6189
Date Daytime Phone #

CR2E037 (1/98)

0071068