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02-25-1999 90028 040 ****70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000006592

1. Corporation Name

**PALM BEACH COUNTY YOUNG AMERICAN BOWLING ALLIANC
E, INCORPORATED**

Principal Place of Business

3951 HAVERHILL RD. SUITE 210
WEST PALM BEACH FL 33417

Mailing Address

3951 HAVERHILL RD. SUITE 210
WEST PALM BEACH FL 33417



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

65-0439990

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

LAMB, JOHN
20 PAXFORD PL
BOYNTON BEACH FL 33462

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LAMB, JOHN
STREET ADDRESS 3951 HAVERHILL RD, SUITE 210
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE V ☐ DELETE

NAME GAYDOS, STEVE
STREET ADDRESS 3951 HAVERHILL RD, SUITE 210
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE STD ☐ DELETE

NAME SERGEL, GARY
STREET ADDRESS 3951 HAVERHILL RD, SUITE 210
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE D ☐ DELETE

NAME NAPOLI, CARMINE J
STREET ADDRESS 3951 HAVERHILL RD, SUITE 210
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE D ☐ DELETE

NAME WELLS, WARREN
STREET ADDRESS 3951 HAVERHILL RD, SUITE 210
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE D ☐ DELETE

NAME GOODMAN, GINGER
STREET ADDRESS 3951 HAVERHILL RD, SUITE 210
CITY-ST-ZIP WEST PALM BEACH FL 33417

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:

[Signature] 1-3-99 561-640-8683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)