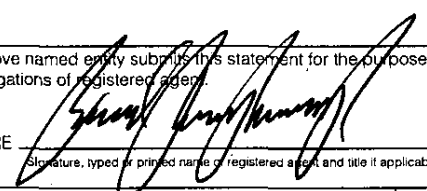
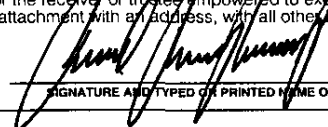


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 018 ****70.00

DOCUMENT #N98000006592 1. Entity Name PALM BEACH COUNTY YOUNG AMERICAN BOWLING ALLIANCE, 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 13215 Glenmoor Dr Suite, Apt. #, etc.		3. Mailing Address 13215 Glenmoor Dr Suite, Apt. #, etc.	
City & State W. Palm Bch, FL Zip 33409		City & State W. Palm Bch, FL Zip 33409	
Country USA		Country USA	
4. FEI Number 65-0439990		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMB, JOHN 20 PAXFORD PL BOYNTON BEACH, FL 33462		7. Name and Address of New Registered Agent Name Ruskaup, Bradley A. Street Address (P.O. Box Number is Not Acceptable) 820 Meadow Circle City Boynton Bch FL Zip Code 33426	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 1/10/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ☒ V NAME GAYDOS, STEVE A JR STREET ADDRESS 144 LA MANGA AVE CITY-ST-ZIP 1448 Villa Juno Dr N, ROYAL PALM BEACH, FL 33411 Juno Bch, FL 33408	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☒ Addition NAME RUSKAUP Bradley A STREET ADDRESS 820 Meadow Circle CITY-ST-ZIP Boynton, Bch, FL 33426	TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☒ S/T NAME TOMASHESKI, JEENA STREET ADDRESS 9201 GLENMOOR DRIVE CITY-ST-ZIP 13215 Glenmoor Dr, WEST PALM BEACH, FL 33409	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☒ Addition NAME LAMB, John STREET ADDRESS 20 PAXFORD PL CITY-ST-ZIP Boynton Bch, FL 33462	TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME SERGE, GARY STREET ADDRESS 3951 HAVERHILL RD, SUITE 210 CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☒ Addition NAME Busby, Joy STREET ADDRESS 16112 E. Grand National Dr CITY-ST-ZIP Loxahatchee, FL 33470	TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME NAPOLI, CARMINE J STREET ADDRESS 170 LAKE MERYL DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33411	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☒ Addition NAME STACY, MICHAEL STREET ADDRESS 201 S.E. 2nd Avenue CITY-ST-ZIP Boynton Beach, FL 33435	TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME HIRSCH, EDYTHE STREET ADDRESS 8413 BOCA GLADES E CITY-ST-ZIP BOCA RATON, FL 33434	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☒ Addition NAME BYRD, Randy STREET ADDRESS 4406 Daffodil Circle South CITY-ST-ZIP Palm Bch Gardens, FL 33410	TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME Lent, Tiffany STREET ADDRESS 5928 S. Rue Rd CITY-ST-ZIP W. Palm Bch, FL 33415	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☒ Addition NAME Kane, Lorraine STREET ADDRESS 1197 E Mountain Dr CITY-ST-ZIP W. Palm Bch, FL 33406	TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 1/10/04 Daytime Phone # 561-632-7581	