

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90051 020 \*\*\*\*61.25

<b>DOCUMENT # N98000006592</b>			
<b>1. Entity Name</b> PALM BEACH COUNTY YOUNG AMERICAN BOWLING ALLIANCE, INCORPORATED			
<b>Principal Place of Business</b> 13215 GLENMOOR DR WEST PALM BEACH, FL 33409		<b>Mailing Address</b> 7105 43215 GLENMOOR DR WEST PALM BEACH, FL 33409	
<b>2. Principal Place of Business</b> 7105 Glenmoor Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7105 Glenmoor Dr Suite, Apt. #, etc.	
<b>City &amp; State</b> W Palm Bch, FL Zip 33409 Country		<b>City &amp; State</b> W Palm Bch, FL Zip 33409 Country	
<b>4. FEI Number</b> 65-0439990		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RUSKAUP, BRADLEY A 820 MEADOW CIRCLE BOYNTON BEACH, FL 33462 5385 CEDAR LAKE DR. # 15-21 BOYNTON Bch, FL 33437		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE: Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/26/05			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> V <b>NAME</b> GAYDQSH, STEVE JR <b>STREET ADDRESS</b> 1448 VILLA JUNG DIN <b>CITY-ST-ZIP</b> NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete		
<b>TITLE</b> ST <b>NAME</b> TOMASHESKI, JEENA <b>STREET ADDRESS</b> 13215 GLENMOOR DR 7105 Glenmoor Dr <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete		
<b>TITLE</b> D <b>NAME</b> BUSBY, JOY <b>STREET ADDRESS</b> 16112 E. GRAND NATIONAL DR <b>CITY-ST-ZIP</b> LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		
<b>TITLE</b> D <b>NAME</b> STACY, MICHAEL <b>STREET ADDRESS</b> 201 S.E. 2 O AVENUE <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		
<b>TITLE</b> D <b>NAME</b> HIRSCH, EDYTHE <b>STREET ADDRESS</b> 8413 BOCA GLADES E <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Delete		
<b>TITLE</b> D <b>NAME</b> LENT, TIFFANY <b>STREET ADDRESS</b> 5928 S. RUE RD <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> V <b>NAME</b> Jan Cole <b>STREET ADDRESS</b> 15781 79th Ter N <b>CITY-ST-ZIP</b> Palm Bch Gardens, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
(Additional rows for additions/changes would follow here)			
<b>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.</b> SIGNATURE: Signature and typed or printed name of signing officer or director Date: 3/30/05 Daytime Phone #: 954-792-9971 x1040			