

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003690

**FILED  
Jul 30, 2020  
Secretary of State  
0851372941CC**

**Entity Name:** GREATER SANTA FE UNITED STATES BOWLING CONGRESS, INC.

**Current Principal Place of Business:**

7717 NW 20TH DR  
GAINESVILLE, FL 32609

**Current Mailing Address:**

7717 NW 20TH DR  
GAINESVILLE, FL 32609 US

**FEI Number: 20-4789537**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PRESTON, LILLIAN  
7717 NW 20TH DR  
GAINESVILLE, FL 32609 US

*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

**Officer/Director Detail :**

Title AM  
Name PRESTON, LILLIAN  
Address 7717 NW 20TH DR  
City-State-Zip: GAINESVILLE FL 32609

Title V  
Name PRESTON, MICHAEL  
Address 7717 NW 20TH DR  
City-State-Zip: GAINESVILLE FL 32609

Title P  
Name SHAW, DONAVAN  
Address 2618 SW 100TH ST  
City-State-Zip: GAINESVILLE FL 32605

Title AMD  
Name PRESTON, LILLIAN  
Address 7717 NW 20TH DR  
City-State-Zip: GAINESVILLE FL 32609

Title D  
Name SIMMS, NATALIE  
Address 2110 SE 50TH ST  
City-State-Zip: GAINESVILLE FL 32641

Title D  
Name HONEYSUCKER, JAMES W  
Address PO BOX 1749  
City-State-Zip: ALACHUA FL 32616

Title D  
Name MOFFETT, DAN  
Address 1430 NW 100TH TERR  
City-State-Zip: GAINESVILLE FL 32606

Title D  
Name CADLE, JON  
Address 13040 HWY 137 S  
City-State-Zip: WELLBORN FL 32094

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: LILLIAN PRESTON**

**ASSOCIATION MANAGER 07/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name EWING, JERRI  
Address 8124 SW 57TH PL  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name SMITH, CHARLES  
Address 1628 NE 17TH CT  
City-State-Zip: OCALA FL 34470

Title DIRECTOR  
Name CHERIT, JOHN  
Address 204 3RD ST  
City-State-Zip: SATSUMA FL 32189

Title DIRECTOR  
Name HOWARD, WALLY M JR.  
Address 954 SW SEBASTAIN CIRCLE  
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR  
Name LEMKE, STEVE  
Address 1113 NW 89TH DR  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name BOYD, KYLE D  
Address 205 SW 75TH ST 10B  
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR  
Name ROBERTSON, MISTY  
Address 6860 SE 60TH ST  
City-State-Zip: TRENTON FL 32693

Title D  
Name KRUSCHKE, CINDI  
Address 808 NW 39TH DR  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name BILODEAU, CAROL J  
Address 326 SW 183RD RD  
City-State-Zip: MICANOPY FL 32667

Title DIRECTOR  
Name HILL, SHANE  
Address 232 NE BERRY PL  
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR  
Name LAKE, KELLY  
Address 305 E RIVER RD  
City-State-Zip: EAST PALATKA FL 32131

Title DIRECTOR  
Name WALKER, MICHAEL D  
Address 7117 SW ARCHER RD  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name HILL, ANGELA  
Address 232 NE BERRY PL  
City-State-Zip: LAKE CITY FL 32025