

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 701864 (1)
 1. Corporation Name
THE ST. PETERSBURG WOMAN'S BOWLING ASS'N, INC.

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| Principal Place of Business 8668-J PARK BLVD. SEMINOLE FL 34647-4348 | Mailing Address 8668-J PARK BLVD. SEMINOLE FL 34647-4348 |
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| 21. Principal Place of Business Suite, Apt. #, etc. | 22. Mailing Address Suite, Apt. #, etc. |
| 23. City & State Zip Country | 24. City & State Zip Country |

APPROVED AND FILED
 95 MAY - 1 PM 12:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/30/1972 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-0916382 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent HEALY, BETTY W. 125 - 28TH STREET, NORTH ST. PETERSBURG FL 33713 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUELLER, HELEN | 1.2 NAME | |
| STREET ADDRESS | 2111 BILLMAR LANE NO | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOIS ANDERSON | 2.2 NAME | |
| STREET ADDRESS | 2446 17 AVENUE NORTH | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG, FL 00000 | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, SUZIE | 3.2 NAME | |
| STREET ADDRESS | 5241 92 TERRACE NORTH | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK FL | 3.4 CITY - ST - ZIP | |
| TITLE | V | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, CAROLYN V. | 4.2 NAME | |
| STREET ADDRESS | 2446 17TH AVE., N. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VICKI, CRONAUER | 5.2 NAME | |
| STREET ADDRESS | 6370 90 AVE N | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK FL | 5.4 CITY - ST - ZIP | |
| TITLE | ST | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALRYMPLE, MADELEINE J | 6.2 NAME | |
| STREET ADDRESS | 5401 101ST AVENUE NORTH | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK, FL 00000 | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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 attached copy with an address.

SIGNATURE: *MADELEINE J. DALRYMPLE* **MADELEINE J. DALRYMPLE**
 DATE: **4/28/95** (813) 991-7627