

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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.**



Principal Place of Business <b>8668-J PARK BLVD. SEMINOLE FL 34647-4348</b>	Mailing Address <b>8668-J PARK BLVD. SEMINOLE FL 33777-4348</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1972</b>	3a. Date of Last Report <b>04/24/1996</b>
21	26	4. FEI Number <b>59-0916382</b>	Applied For Not Applicable		
22	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HEALY, BETTY W. 125 - 28TH STREET, NORTH ST. PETERSBURG FL 33713</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P JOHNSON CAROLYN V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUELLER, HELEN</b>	1.2 NAME	<b>2446 17 AVE NO</b>
STREET ADDRESS	<b>2111 BILLMAR LANE NO</b>	1.3 STREET ADDRESS	<b>ST PETERSBURG FL.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOIS ANDERSON</b>	2.2 NAME	
STREET ADDRESS	<b>2446 17 AVENUE NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, SUZIE</b>	3.2 NAME	
STREET ADDRESS	<b>5241 92 TERRACE NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D FISHER MARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, CAROLYN V.</b>	4.2 NAME	<b>5701 93 AVE NO</b>
STREET ADDRESS	<b>2446 17TH AVE., N.</b>	4.3 STREET ADDRESS	<b>PINELLAS PARK FL</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICKI, CRONAUER</b>	5.2 NAME	
STREET ADDRESS	<b>6370 90 AVE N</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DALRYMPLE, MADELEINE J</b>	6.2 NAME	
STREET ADDRESS	<b>5401 101ST AVENUE NORTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK, FL 00000</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Madeleine J Dalrymple Date: 4/29/97 (813) 391-7627  
MADELEINE J DALRYMPLE (SIGNING OFFICER OR DIRECTOR) Definite Phone # 0051968

CR2E037 (9/96)