

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90996 048 ****61.25

DOCUMENT # 701864			
1. Entity Name THE ST. PETERSBURG WOMAN'S BOWLING ASS'N, INC.			
Principal Place of Business 8668-J PARK BLVD. SEMINOLE FL 34647-4348		Mailing Address 8668-J PARK BLVD. SEMINOLE FL 34647-4348	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



J4Ubb4b3



MOORE CR2E037 (11/03)

4. FEI Number 59-0916382				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent DALRYMPLE, MADELEINE J 5401 101 AVE. NORTH PINELLAS PARK FL 33782			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL Zip Code	

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTTLOFF, WAWNDA M 2527 66 TERRACE SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSBEY, MARYLOU MRS 6716 37AVE. NORTH SAINT PETERSBURG FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIELDER, BECKY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3777 34 Avenue North St. Petersburg, Fl 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, ANNA <input checked="" type="checkbox"/> Delete 13300 WALSHINGHAM RD 33 LARGO FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mrs. Marjorie Carver <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7880-54-Avenue-North St. Petersburg, Fl 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTON, ANTOINETTE <input type="checkbox"/> Delete 6825 14 STREET SOUTH SAINT PETERSBURG FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LENI MRS <input checked="" type="checkbox"/> Delete 3563 100 AVE. NORTH PINELLAS PARK FL 33782	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fisher, Mary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5701 93 Avenue North Pinellas Park, Fl 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DALRYMPLE, MADELEINE J <input type="checkbox"/> Delete 5401 101ST AVENUE NORTH PINELLAS PARK, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MADELEINE J. DALRYMPLE SEC/TREAS.* **4/21/04** (727) 991-7637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #