


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90041 031 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0916382	
Zip	Country	Zip	Country	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		(NOTE Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTTLOFF, WAWNDA M		NAME		
STREET ADDRESS	2527 66 TERRACE SOUTH		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG FL 33712		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, LINDA		NAME	MOTSINGER, JUANITA	
STREET ADDRESS	5811 13TH ST. N.		STREET ADDRESS	6437 34 AVE N	
CITY- ST- ZIP	SAINT PETERSBURG FL 33710		CITY- ST- ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SGT AT ARMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, EDNA		NAME		
STREET ADDRESS	3512 35TH ST. N.		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG FL 33713		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLAND, ELLIE		NAME	BLACK SUSAN J	
STREET ADDRESS	3856 50TH AVE S.		STREET ADDRESS	3660 E BAY DR #124	
CITY- ST- ZIP	SAINT PETERSBURG FL 33711		CITY- ST- ZIP	LARGO FL 33771	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MARY		NAME	MELINDA E. KASICA	
STREET ADDRESS	9370 44TH ST. W.		STREET ADDRESS	10253 CYPRESS CIR LLE	
CITY- ST- ZIP	PINELLAS PARK FL 33782		CITY- ST- ZIP	LARGO FL 33777	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALRYMPLE, MADELEINE J		NAME		
STREET ADDRESS	5401 101ST AVENUE NORTH		STREET ADDRESS		
CITY- ST- ZIP	PINELLAS PARK, FL 00000		CITY- ST- ZIP		



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Madeline J Dalrymple*
MADELEINE J DALRYMPLE
Date: *7/19/2007* (727) 391-7627