

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90520 034 ****61.25

DOCUMENT # 701864
1. Entity Name
THE ST. PETERSBURG WOMAN'S BOWLING ASS'N, INC.



Principal Place of Business Mailing Address
8668-J PARK BLVD. SEMINOLE FL 34647-4348 **8668-J PARK BLVD. SEMINOLE FL 34647-4348**

11004217



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-0916382** Applied For Not Applicable
5. Certificate of Status Desired **\$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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROTTLOFF, WAWNDA M	
STREET ADDRESS	2527 66 TERRACE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOSBEY, MARYLOU MRS	
STREET ADDRESS	6716 37AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, ANNA	
STREET ADDRESS	5075 STARFISH DR #B	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARTON, ANTOINETTE	
STREET ADDRESS	6825 14 STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, LENI MRS	
STREET ADDRESS	3563 100 AVE. NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DALRYMPLE, MADELEINE J	
STREET ADDRESS	5401 101ST AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ANNA	
STREET ADDRESS	13300 WALSINGHAM Rd #33	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **4/18/2003 (727) 391-7629**

CR2E037 (10/02)