

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Worthington  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

50 MAY - 1 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **721575** (9)

1. Corporation Name

**TAMPA WOMEN'S BOWLING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1906 MEADOWRIDGE DRIVE  
VALRICO FL 33594

1906 MEADOWRIDGE DRIVE  
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1971

3a. Date of Last Report

07/26/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FET Number

59-6251660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEYES, DALIA  
1906 MEADOWRIDGE DRIVE  
VALRICO FL 33594

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Dalia Keyes*

DALIA KEYES

SECRETARY

4/10/95

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**P**  
HILLER, BARBARA  
212 MORNINGSIDE DR  
VALRICO FL

**V**  
BRAGG, ALA  
8808 W BROAD ST  
TAMPA FL

**D**  
HATCH, FARRAR  
8704 COBBLESTONE DR.  
TAMPA FL 33615

**D**  
CHICK, SUZANNE  
4022 SAN LUIS  
TAMPA FL 33629

**D**  
ELKINS, SHIRLEY  
4700 STEEL DUST LANE  
LUTZ FL 33549

**SAA**  
JOHNS, RUBY  
2803 WESTHIGH AVE  
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

**T**  Change  Addition  
EUNICE C. MERCER  
5107 LAWNTON CT.  
TAMPA, FL. 33624

**V**  Change  Addition  
JEAN HICKINBOTHAM  
4716 LEILA AVE.  
TAMPA, FL. 33616

**T**  Change  Addition  
EUNICE MERCER  
5107 LAWNTON CT.  
TAMPA, FL. 33624

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 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:

*Eunice Mercer*

EUNICE MERCER  
TREASURER

4/10/95

813-961-3722