

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 721575 (9)
1. Corporation Name
TAMPA WOMEN'S BOWLING ASSOCIATION, INC.



Principal Place of Business
**1906 MEADOWRIDGE DRIVE
VALRICO FL 33594**

Mailing Address
**1906 MEADOWRIDGE DRIVE
VALRICO FL 33594**

3. Date Incorporated or Qualified **08/24/1971** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6251660		<input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
24		25		29		30	

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 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: *Dalia Keyes* **DALIA KEYES** **4/30/96**
Signature, typed or printed name of registered agent, or title if applicable (NOTE: Registered Agent signature required when registering) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLER, BARBARA	1.2 NAME	
STREET ADDRESS	212 MORNINGSIDE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	1.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKINGOTHAM, JEAN	2.2 NAME	EUNICE MERCER
STREET ADDRESS	4716 LEILA AVE.	2.3 STREET ADDRESS	5107 LAWNTON CT.
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	TAMPA, FL. 33624
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, FARRAR	3.2 NAME	
STREET ADDRESS	8704 COBBLESTONE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33615	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHICK, SUZANNE	4.2 NAME	BERKELEY, JEAN
STREET ADDRESS	4022 SAN LUIS	4.3 STREET ADDRESS	3206 PEARL AV.
CITY - ST - ZIP	TAMPA FL 33629	4.4 CITY - ST - ZIP	TAMPA, FL. 33611
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	2ND V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, SHIRLEY	5.2 NAME	ELKINS, SHIRLEY
STREET ADDRESS	4700 STEEL DUST LANE	5.3 STREET ADDRESS	4700 STEEL DUST LANE
CITY - ST - ZIP	LUTZ FL 33549	5.4 CITY - ST - ZIP	LUTZ, FL. 33549
TITLE	SAA <input type="checkbox"/> DELETE	6.1 TITLE	1ST V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, RUBY	6.2 NAME	JOHNS, RUBY
STREET ADDRESS	2603 WESTHIGH AVE	6.3 STREET ADDRESS	26135 COMANCHE ST.
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	BROOKSVILLE, FL. 34601

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)(k), 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 C. Mercer - TREASURER* **4/30/96** **813-961-3722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)