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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721575

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/24/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6251660	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P JOHNS, RUBY	1.2 NAME	
STREET ADDRESS	26135 COMANCHE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T MERCER, EUNICE	2.2 NAME	
STREET ADDRESS	5107 LAWNTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BERKELEY, JEAN	4.2 NAME	
STREET ADDRESS	3206 PEARL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP ELKINS, SHIRLEY	5.2 NAME	
STREET ADDRESS	4700 STEEL DUST LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAA PORTER, SALLY	6.2 NAME	
STREET ADDRESS	2510 LAKE ELLEN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Eunice Mercer* **EUNICE MERCER** 3/1/99 813-961-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)