


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90993 044 \*\*\*\*61.25

**DOCUMENT # 721575**  
 1. Entity 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: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

J4001001



MOORE CR2E037 (11/03)

4. FEI Number: **59-6251660**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**KEYES, DALIA**  
**1906 MEADOWRIDGE DRIVE**  
**VALRICO FL 33594**

**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, 2004**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNS, RUBY</b>	
STREET ADDRESS	<b>26135 COMANCHE ST</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MERCER, EUNICE</b>	
STREET ADDRESS	<b>5107 LAWNTON ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>SAA</b>	<input type="checkbox"/> Delete
NAME	<b>HARDIN, BARBARA</b>	
STREET ADDRESS	<b>5611 PATTERSON RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASBURY, IRENE</b>	
STREET ADDRESS	<b>10014 N. ALTMAN ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BULLOCK, SHIRLEY</b>	
STREET ADDRESS	<b>4700 STEEL DUST LANE</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CAROL</b>	
STREET ADDRESS	<b>PO BOX 872</b>	
CITY-ST-ZIP	<b>BRANDON FL 33509</b>	

**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	<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	<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: *Eunice Mercer* **EUNICE MERCER**  
**TREASURER** 04-15-04 813-961-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #