

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28525 (6)
1. Corporation Name
COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.



Principal Place of Business Mailing Address
**C/O DIANA HOLMBECK
103 PALMETTO DUNES CIRCLE
NAPLES FL 33962**

3. Date Incorporated or Qualified **09/26/1988** 3a. Date of Last Report **03/15/1995**
4. FEI Number **36-3344966** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HOLMBECK, DIANA
103 PALMETTO DUNES CIRCLE
NAPLES FL 33962**

10. Name and Address of New Registered Agent
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 *Diana L. Holmbeck* (NOTE: Registered Agent signature required when reinstating) *1/24/96*
Signature, typed or printed name of registered agent and title if applicable DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	NIX, SHIRLEY
STREET ADDRESS	PO BOX 1038 NAPLES, FL
CITY - ST - ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PRICE, SHARON
STREET ADDRESS	201 QUAIL FOREST BLVD.
CITY - ST - ZIP	NAPLES FL
TITLE	P <input type="checkbox"/> DELETE
NAME	QUICK, RAYE ANNE
STREET ADDRESS	5880 24TH AVENUE NW
CITY - ST - ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARTER, ESTELLE
STREET ADDRESS	4735 DORANDO DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HOLCOMB, VICKIE
STREET ADDRESS	6175 16TH AVENUE NW
CITY - ST - ZIP	NAPLES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WILSON, MARGIE
STREET ADDRESS	3081 41ST STREET SW
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Raye Anne Quick* *1/24/96* (941) 436-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)