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FILED
Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28525 (6)
1. Corporation Name
COLLIER COUNTY WOMEN'S BOWLING ASSOCIATION, INC.



Principal Place of Business C/O DIANA HOLMBECK 103 PALMETTO DUNES CIRCLE NAPLES FL 33962	Mailing Address C/O DIANA HOLMBECK 103 PALMETTO DUNES CIRCLE NAPLES FL 34113-7559
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3. Date Incorporated or Qualified 09/26/1988	3a. Date of Last Report 01/31/1996
4. FEI Number 36-3344966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HOLMBECK, DIANA
103 PALMETTO DUNES CIRCLE
NAPLES FL 33962
34113**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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* 3/4/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 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.

SIGNATURE: *Raye Anne Quick* 3/4/97 (941) 436-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)