

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 # 701864 (1)
1. Corporation Name
THE ST. PETERSBURG WOMAN'S BOWLING ASS'N, INC.



Principal Place of Business
**8668-J PARK BLVD.
SEMINOLE FL 34647-4348**

Mailing Address
**8668-J PARK BLVD.
SEMINOLE FL 34647-4348**

3. Date Incorporated or Qualified
06/30/1972

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0916382

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**HEALY, BETTY W.
125 - 28TH STREET, NORTH
ST. PETERSBURG FL 33713**

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

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	P	<input type="checkbox"/> DELETE
NAME	MUELLER, HELEN	
STREET ADDRESS	2111 BILLMAR LANE NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOIS ANDERSON	
STREET ADDRESS	2448 17 AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, SUZIE	
STREET ADDRESS	5241 92 TERRACE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, CAROLYN V.	
STREET ADDRESS	2448 17TH AVE., N.	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VICKI, CRONAUER	
STREET ADDRESS	6370 90 AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DALRYMPLE, MADELEINE J	
STREET ADDRESS	5401 101ST AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	

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:

Madeleine J Dalrymple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MADELEINE J DALRYMPLE

4/18/96 (813) 391-7627
Date Daytime Phone #

CR2E037 (12/95)