


FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33777-4348
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1972	3a. Date of Last Report 04/24/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0916382	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, HELEN	1.2 NAME	P JOHNSON CAROLYN
STREET ADDRESS	2111 BILLMAR LANE NO	1.3 STREET ADDRESS	2446 17 AVE NO
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	ST PETERSBURG FL.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS ANDERSON	2.2 NAME	
STREET ADDRESS	2446 17 AVENUE NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SUZIE	3.2 NAME	
STREET ADDRESS	5241 92 TERRACE NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	3.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CAROLYN V.	4.2 NAME	P FISHER MARY
STREET ADDRESS	2446 17TH AVE., N.	4.3 STREET ADDRESS	5701 93 AVE NO
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	PINELLAS PARK FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKI, CRONAUER	5.2 NAME	
STREET ADDRESS	6370 90 AVE N	5.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	5.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALRYMPLE, MADELEINE J	6.2 NAME	
STREET ADDRESS	5401 101ST AVENUE NORTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK, FL 00000	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: *Madeleine J Dalrymple* Date: **4/29/97** (813) 391-7627
MADELEINE J DALRYMPLE

CR2E037 (9/96)