

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90214 024 ****61.25

DOCUMENT # 701864

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/30/1972

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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** ☒ DELETE
NAME **JOHNSON, CAROLYN V**
STREET ADDRESS **2446 17 AVE. N.**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **LOIS ANDERSON**
STREET ADDRESS **2446 17 AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **D** ☐ DELETE
NAME **BAKER, SUZIE**
STREET ADDRESS **5241 92 TERRACE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **D** ☐ DELETE
NAME **FISHER, MARY**
STREET ADDRESS **5701 93 AVE. N.**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **D** ☐ DELETE
NAME **KNAPP, MARGARET E**
STREET ADDRESS **7890 OLIVER RD**
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **ST** ☐ 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 **P** ☒ Change ☐ Addition
1.2 NAME **CARVER, MARJORIE D**
1.3 STREET ADDRESS **7880 54 AVE N**
1.4 CITY-ST-ZIP **ST PETERSBURG FL 33709**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

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

4/28/99 *(727) 391-7627*
Date Daytime Phone #

CR2E037 (11/98)