

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90996 048 \*\*\*\*61.25

**DOCUMENT # 701864**

1. Entity 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

34066453

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-0916382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DALRYMPLE, MADELEINE J  
5401 101 AVE. NORTH  
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME P  
STREET ADDRESS ROTTLOFF, WAWNDA M  
CITY-ST-ZIP 2527 66 TERRACE SOUTH  
SAINT PETERSBURG FL 33712 ☐ Delete

TITLE NAME D  
STREET ADDRESS SOSBEY, MARYLOU MRS  
CITY-ST-ZIP 6716 37 AVE. NORTH  
SAINT PETERSBURG FL 33710 ☒ Delete

TITLE NAME VP  
STREET ADDRESS JONES, ANNA  
CITY-ST-ZIP 13300 WALSHINGHAM RD 33  
LARGO FL 33774 ☒ Delete

TITLE NAME VP  
STREET ADDRESS BARTON, ANTOINETTE  
CITY-ST-ZIP 6825 14 STREET SOUTH  
SAINT PETERSBURG FL 33705 ☐ Delete

TITLE NAME D  
STREET ADDRESS MILLER, LENI MRS  
CITY-ST-ZIP 3563 100 AVE. NORTH  
PINELLAS PARK FL 33782 ☒ Delete

TITLE NAME ST  
STREET ADDRESS DALRYMPLE, MADELEINE J  
CITY-ST-ZIP 5401 101ST AVENUE NORTH  
PINELLAS PARK, FL 00000 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME VP  
STREET ADDRESS FIELDER, BECKY  
CITY-ST-ZIP 3777 34 Avenue North  
St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE NAME D  
STREET ADDRESS Mrs. Marjorie Carver  
CITY-ST-ZIP 7880-54-Avenue-North  
St. Petersburg, FL 33710 ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME D  
STREET ADDRESS Fisher, Mary  
CITY-ST-ZIP 5701 93 Avenue North  
Pinellas Park, FL 33782 ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MADELEINE J. DALRYMPLE SEC/TREAS.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 (727) 391-7637  
Date Daytime Phone #