


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90170 042 \*\*\*\*61.25

<b>DOCUMENT # 701864</b>	
<b>1. Entity Name</b>	
THE ST. PETERSBURG WOMAN'S BOWLING ASS'N, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
8668-J PARK BLVD. SEMINOLE FL 34647-4348	8668-J PARK BLVD. SEMINOLE FL 34647-4348

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b>		<b>Applied For</b>
59-0916382		Not Applicable
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
DALRYMPLE, MADELEINE J 5401 101 AVE. NORTH PINELLAS PARK FL 33782	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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ROTTLOFF, WAWNDA M	<b>NAME</b>	
<b>STREET ADDRESS</b>	2527 66 TERRACE SOUTH	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG FL 33712	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FIELDER, BECKY	<b>NAME</b>	VP FIELDER, BECKY
<b>STREET ADDRESS</b>	377 34 AVE NORTH	<b>STREET ADDRESS</b>	377 34 AVE NO
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG FL 33713	<b>CITY-ST-ZIP</b>	SAINT PETERSBURG FL 33713
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CARVER, MARJORIE	<b>NAME</b>	
<b>STREET ADDRESS</b>	7880 54 AVENUE NORTH	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG FL 33710	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BARTON, ANTOINETTE	<b>NAME</b>	
<b>STREET ADDRESS</b>	6825 14 STREET SOUTH	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG FL 33705	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FISHER, MARY	<b>NAME</b>	
<b>STREET ADDRESS</b>	5701 93 AVENUE NORTH	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PINELLAS PARK FL 33782	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>ST</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DALRYMPLE, MADELEINE J	<b>NAME</b>	
<b>STREET ADDRESS</b>	5401 101ST AVENUE NORTH	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PINELLAS PARK, FL 00000	<b>CITY-ST-ZIP</b>	

**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* *4/29/05* *(727) 391-7621*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR