


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90180 014 ****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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40078813



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-0916382	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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 _____	DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTTLOFF, WAWNDA M	NAME	
STREET ADDRESS	2527 66 TERRACE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDER, BECKY	NAME	CURRAN LINDA
STREET ADDRESS	3777 34 AVENUE NORTH	STREET ADDRESS	5811 13 ST N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	CITY-ST-ZIP	ST PETERSBURG FL 33710
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, MARJORIE	NAME	BERRY EDNA
STREET ADDRESS	7880 54 AVENUE NORTH	STREET ADDRESS	3512 36 ST. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	CITY-ST-ZIP	ST PETERSBURG FL 33713
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, ANTOINETTE	NAME	GARLAND ELLIE
STREET ADDRESS	6825 14 STREET SOUTH	STREET ADDRESS	3852 50 AVE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	CITY-ST-ZIP	ST PETERSBURG FL 33711
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MARY	NAME	FISHER MARY
STREET ADDRESS	5701 93 AVENUE NORTH	STREET ADDRESS	9370 44th ST. N.
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	PINELLAS PARK FL 33782
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALRYMPLE, MADELEINE J	NAME	
STREET ADDRESS	5401 101ST AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 00000,	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered.

SIGNATURE: *Madeleine J Dalrymple Sec/Treas* (727) 391-7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #