

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **702681** (8)  
1. Corporation Name  
**FLORIDA WOMEN'S BOWLING ASSOCIATION, INC..**



Principal Place of Business  
**1705 E. GARY ROAD  
LAKELAND FL 33801**

Mailing Address  
**P.O. BOX 91868  
LAKELAND FL 33804-1868**

3. Date Incorporated or Qualified  
**07/14/1961**

3a. Date of Last Report  
**02/09/1995**

4. FEI Number  
**59-0920709**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

**RODDENBERRY, PHYLLIS  
1705 E GARY ROAD  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name  
**Phyllis Roddenberry**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1705 E. Gary Road**

83

84 City  
**Lakeland**

85 Zip Code  
**FL 33801**

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

**February 1, 1996**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
V	WHITE, GINNY	9510 SW 19TH AVE	GAINESVILLE FL	<input type="checkbox"/>
V	MADDUX, TONI	821 PALMETTO ST	NEW SMYRNA FL 32170	<input type="checkbox"/>
ST	RODDENBERRY, PHYLLIS	728 E CRAWFORD ST	LAKELAND FL	<input type="checkbox"/>
D	PHELPS, ELLA MAY	887 VAN BUREN ST.	MELBOURNE FL 32935	<input type="checkbox"/>
PD	COHALLA, PILAR	3019 SPRUCE ST	TAMPA FL	<input type="checkbox"/>
V	SMALLWOOD, GLADYS	246 E 45TH ST	JACKSONVILLE FL	<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**February 1, 1996**

**941/682-6094**

Date

Daytime Phone #

CR2E037 (12/95)

# FLORIDA WOMEN'S BOWLING ASSOCIATION, INC.

BLOCK 12 CONTINUED:

<u>TITLE:</u>	<u>NAME AND STREET ADDRESS, CITY, ST., ZIP</u>
V	Mimi Lambert, 240 Anderson Drive, Mary Esther, FL 32569-1804
Sgt/A	Gloria Birchmore, 443 East Spencer Field Rd., Pace, FL 32571-1252
D	Elsie Wells, 25 N. University Circle, DeLand, FL 32724-3648
D	Wanda Lawrence, 320 Hatfield Road, Winter Haven, FL 33880-1328
D	Mina Tinsley, 1920 Virginia Ave., #1602, Ft. Myers, FL 33901-3351
D	Bobbie Hiller, 212 Morningside Drive, Valrico, FL 33594-3609
D	Sue Jacobs, 3211 SW 92nd Court, Miami, FL 33165-4164
D	Dorothy Leigh, 5253 1st Ave. N., St. Petersburg, FL 33710-8103
D	Betty Natale, P. O. Box 547565, Orlando, FL 32854-7565
D	Marge Hunsaker, 3853 B Ward Street, Jacksonville, FL 32250-2203
D	Mickie Chilson, 10521 S.W. 142 Court, Miami, FL 33186-3031
D	Bess Severance, 713 Badger Dr.NE, Palm Bay, FL 32905-5809
D	Pat Johnson, 1660 Sunset Strip, Sunrise, FL 33313