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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1961		3a. Date of Last Report 02/06/1996	
21 13743 HWY. 98 BY-PASS Suite, Apt. #, etc.		26 P. O. BOX 1166 Suite, Apt. #, etc.		4. FEI Number 59-0920709		Applied For Not Applicable	
22 City & State DADE CITY, FLORIDA		27 City & State DADE CITY, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33526-1166		28 Zip 33525		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country U.S.A.		30 Country U.S.A.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RODDENBERRY, PHYLLIS 1705 E GARY ROAD LAKELAND FL 33801				81 Name KATHERYN M. AUTON			
				82 Street Address (P.O. Box Number is Not Acceptable) 13743 HWY. 98 BY-PASS			
				83			
				84 City DADE CITY, FL 85 Zip Code 33525			

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: *Kathryn M. Auton* (Signature typed or printed name of registered agent and time if applicable) (NOTE: Registered Agent signature required when reinstating) JANUARY 27, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GINNY	1.2 NAME	
STREET ADDRESS	9510 SW 19TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDUX, TONI	2.2 NAME	
STREET ADDRESS	821 PALMETTO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA FL 32170	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODDENBERRY, PHYLLIS	3.2 NAME	KATHERYN M. AUTON
STREET ADDRESS	728 E CRAWFORD ST	3.3 STREET ADDRESS	13743 HWY. 98 BY-PASS
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS, ELLA MAY	4.2 NAME	
STREET ADDRESS	887 VAN BUREN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHALLA, PILAR	5.2 NAME	
STREET ADDRESS	3019 SPRUCE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLWOOD, GLADYS	6.2 NAME	
STREET ADDRESS	246 E 45TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Kathryn M. Auton* (Signature typed or printed name of signing officer or director) JANUARY 27, 1997 (352) 521-3660

CR2E037 (9/96)

Florida Women's Bowling Association, Inc.

P. O. Box 1166 ♦ Dade City, Florida 33526-1166 ♦ (352)521-3660

BLOCK 12 Continued

TITLE	NAME AND ADDRESS
V	Mimi Lambert 240 Anderson Drive, Mary Esther, FL 32569-1804
Sgt/A	Gloria Birchmore 443 East Spencer Field Road, Pace, FL 32571
D	Elsie Wells 25 N. University Circle, DeLand, FL 32724-3648
D	Bobbie Brown 12315 U.S. Hwy. 441, Lot #15, Tavares, FL 32778
D	Betty Natale P. O. Box 547565, Orlando, FL 32854
D	Bess Severance 713 Badger Drive N.E., Palm Bay, FL 32905
D	Sue B. Jacobs 3211 S.W. 92 Court, Miami, FL 33165
D	Mickie B. Chilson 10521 S.W. 142 Court, Miami, FL 33186
D	Marge Payton 7205 W. Sunrise Blvd., Plantation, FL 33313
D	Bobbie Hiller 212 Morningside Drive, Valrico, FL 33594
D	Dorothy Leigh 5253 - 1st Avenue North, St. Petersburg, FL 33710
D	Wanda Lawrence 320 Hatfield Road, Winter Haven, FL 33880
D	Mina K. Tinsley 1920 Virginia Avenue, #1602, Ft. Myers, FL 33901