

FILE NOW: FILING FEE IS \$61.25

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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702681 (8)

1. Corporation Name

FLORIDA WOMEN'S BOWLING ASSOCIATION, INC..



Principal Place of Business 134743 HWY 98 BY-PASS DADE CITY FL 33526-1166 US	Mailing Address PO BOX 1166 DADE CITY FL 33525 US
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3. Date Incorporated or Qualified 07/14/1961
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4. FEI Number 59-0920709	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent AUTON, KATHERYN M 13743 HWY 98 BY-PASS DADE CITY FL 33525
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 <u>Katheryn M. Auton</u> DATE <u>JANUARY 12, 1998</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, GINNY 9510 SW 19TH AVE GAINESVILLE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADDUX, TONI 821 PALMETTO ST NEW SMYRNA FL 32170 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUTON, KATHERYN M 13743 HWY 98 BY-PASS DADE CITY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, ELLA MAY 887 VAN BUREN ST. MELBOURNE FL 32935 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHALLA, PILAR 3019 SPRUCE ST TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMALLWOOD, GLADYS 246 E 45TH ST JACKSONVILLE FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.
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SIGNATURE: <u>Katheryn M. Auton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JANUARY 12, 1998 <small>Date</small>	<small>Daytime Phone # 00465506</small>
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CR2E037 (10/97)

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