


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90030 012 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 702681</b> 1. Corporation Name <b>FLORIDA WOMEN'S BOWLING ASSOCIATION, INC..</b>					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 07/14/1961 4. FEI Number 59-0920709 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>AUTON, KATHERYN M</b> <b>13743 HWY 98 BY-PASS</b> <b>DADE CITY FL 33525</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 617.0903, Florida Statutes. SIGNATURE <i>Katheryn M. Auton</i> / <i>Katheryn M. Auton</i> DATE <b>1-17-99</b> <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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>WHITE, GINNY</b> STREET ADDRESS <b>9510 SW 19TH AVE</b> CITY-ST-ZIP <b>GAINESVILLE FL</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>MADDUX, TONI</b> STREET ADDRESS <b>821 PALMETTO ST</b> CITY-ST-ZIP <b>NEW SMYRNA FL 32170</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>AUTON, KATHERYN M</b> STREET ADDRESS <b>13743 HWY 98 BY-PASS</b> CITY-ST-ZIP <b>DADE CITY FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>JOHNSON, CAROLYN V</b> STREET ADDRESS <b>2446 - 17TH AVE N</b> CITY-ST-ZIP <b>ST PETERSBURG FL 33713</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>COHALLA, PILAR</b> STREET ADDRESS <b>3019 SPRUCE ST</b> CITY-ST-ZIP <b>TAMPA FL</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>SMALLWOOD, GLADYS</b> STREET ADDRESS <b>246 E 45TH ST</b> CITY-ST-ZIP <b>JACKSONVILLE FL</b>			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Katheryn M. Auton* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*KATHERYN M. AUTON*

Date

**1-17-99**

Daytime Phone #

**352/521-3660**

CR2E037 (11/98)

# Florida Women's Bowling Association, Inc.

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

## *BLOCK 12 Continued*

246335-90030-12  
702681

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	Donna Oberg 731 Conch Shell Manor, Plantation, FL 33324
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