

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702681

FILED
Jan 10, 2004
Secretary of State

Entity Name: FLORIDA WOMEN'S BOWLING ASSOCIATION, INC..

Current Principal Place of Business:

14119 - 7TH ST
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1166
DADE CITY, FL 335261166 US

New Mailing Address:

FEI Number: 59-0920709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUTON, KATHERYN M
14119 7TH STREET
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WHITE, GINNY,
Address: 9510 SW 19TH AVE
City-St-Zip: GAINESVILLE, FL

Title: V () Delete
Name: MADDUX, TONI
Address: 821 PALMETTO ST
City-St-Zip: NEW SMYRNA, FL 32170

Title: ST () Delete
Name: AUTON, KATHERYN M
Address: 14119 - 7TH ST
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: JOHNSON, CAROLYN V
Address: 2446 - 17TH AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: PD () Delete
Name: COHALLA, PILAR,
Address: 3019 SPRUCE ST
City-St-Zip: TAMPA, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: LAMBERT, MIMI
Address: 240 ANDERSON DRIVE
City-St-Zip: MARY ESTHER, FL 32569 18

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERYN M. AUTON

ST

01/10/2004

Electronic Signature of Signing Officer or Director

Date