

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702681

FILED  
Jan 09, 2006  
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: V ( ) Delete  
Name: LAMBERT, MIMI  
Address: 240 ANDERSON DRIVE  
City-St-Zip: MARY ESTHER, FL 32569 18

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SGT (X) Change ( ) Addition  
Name: JACOBS, SUE,  
Address: 3211 SW 92ND COURT  
City-St-Zip: MIAMI, FL 33165

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date