


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702913 (5) 1. Corporation Name GREATER MIAMI WOMEN'S BOWLING ASSOCIATION, INC.					
Principal Place of Business %7165 SW 47TH ST., BLDG. #316 MIAMI FL 33155			Mailing Address %7165 SW 47TH ST., BLDG. #316 MIAMI FL 33155		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/08/1971 3a. Date of Last Report 04/04/1996 4. FEI Number 59-1113680 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 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 SPARKS, MARIE C. 7165 SW 47TH ST. BLDG. #316 MIAMI FL 33155			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 617.0503, Florida Statutes.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, VERMELL J.		1.2 NAME	CHILSON, MICKIE	
STREET ADDRESS	7165 SW 47TH ST.		1.3 STREET ADDRESS	7165 SW 47th STREET	
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILSON, MICKIE		2.2 NAME	RAUCH, MICKEY	
STREET ADDRESS	7165 SW 47TH ST.		2.3 STREET ADDRESS	7165 SW 47th STREET	
CITY - ST - ZIP	MIAMI FL		2.4 CITY - ST - ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUCH, MICKEY		3.2 NAME	BROOKS, VERMELL J.	
STREET ADDRESS	7165 SW 47TH ST.		3.3 STREET ADDRESS	7165 SW 47th STREET	
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, MARIE C.		4.2 NAME		
STREET ADDRESS	7165 SW 47TH ST.		4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, SUE B		5.2 NAME		
STREET ADDRESS	7165 SW 47TH ST.		5.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	SGT At ARMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	BROWN, BARBARA	
STREET ADDRESS			6.3 STREET ADDRESS	7165 SW 47th STREET	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	MIAMI, FL	
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: sue B. Jacobs			MARCH 17, 1997 (305) 665-0788		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # 0078421		

CR2E037 (9/96)