


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702913 (5) Corporation Name GREATER MIAMI WOMEN'S BOWLING ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
7165 SW 47TH ST., BLDG. #316 MIAMI FL 33155		7165 SW 47TH ST., BLDG. #316 MIAMI FL 33155	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		30 Country	
3. Date Incorporated or Qualified 12/08/1971			
4. FEI Number		Applied For	
59-1113680		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPARKS, MARIE C. 7165 SW 47TH ST. BLDG. #316 MIAMI FL 33155		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	BROOKS, VERMELL J.		
STREET ADDRESS	7165 SW 47TH ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	CHILSON, MICKIE		
STREET ADDRESS	7165 SW 47TH ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	RAUCH, MICKEY		
STREET ADDRESS	7165 SW 47TH ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	SPARKS, MARIE C.		
STREET ADDRESS	7165 SW 47TH ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	JACOBS, SUE B		
STREET ADDRESS	7165 SW 47TH ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	SAA	<input checked="" type="checkbox"/> DELETE	
NAME	BROWN, BARBARA		
STREET ADDRESS	7165 SW 47TH ST		
CITY-ST-ZIP	MIAMI FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	RAUCH, MICKEY		
1.3 STREET ADDRESS	10950 SW 105 AVENUE		
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33147		
2.1 TITLE	1st VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	VERMELL BROOKS		
2.3 STREET ADDRESS	2320 NW 81 STREET		
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33147		
3.1 TITLE	2nd VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	MARGO BUZZARD		
3.3 STREET ADDRESS	10930 SW 47 TERRACE		
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33165		
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	PEGGY ARNOLD		
4.3 STREET ADDRESS	10475 SW 200 STREET		
4.4 CITY-ST-ZIP	MIAMI, FLORIDA		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	SHIRLEY BECK		
5.3 STREET ADDRESS	3300 NE 192 STREET #418-1		
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33180		
6.1 TITLE	SGT-AT-ARMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	IRENE FINLEY		
6.3 STREET ADDRESS	21030 N MIAMI AVENUE		
6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169		

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.

SIGNATURE: *Sue B. Jacobs* Sue B. Jacobs

1/20/98 305-665-0788

CR2E037 (10/97)