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

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 702913**

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

Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip Country 28 29 30

3. Date Incorporated or Qualified

12/08/1971

4. FEI Number

59-1113680

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 SUE B JACOBS  
82 Street Address (P.O. Box Number is Not Acceptable)  
7165 SW 47 Street #316  
83  
84 City MIAMI FL 85 Zip Code 33155

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.

SUE B. Jacobs Sec. Treasurer 1/5/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RAUCH, MICKEY		1.2 NAME	
10950 SW 105 AVE		1.3 STREET ADDRESS	
MIAMI FL 33147		1.4 CITY-ST-ZIP	
VPT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BROOKS, VERMELL		2.2 NAME	
2320 NW 81 ST		2.3 STREET ADDRESS	
MIAMI FL 33147		2.4 CITY-ST-ZIP	
VPT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BUZZARD, MARGO		3.2 NAME	
10930 SW 47 TERR		3.3 STREET ADDRESS	
MIAMI FL 33165		3.4 CITY-ST-ZIP	
SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SPARKS, MARIE C.		4.2 NAME	Sue B Jacobs
7165 SW 47TH ST.		4.3 STREET ADDRESS	7165 SW 47 Street #316
MIAMI FL		4.4 CITY-ST-ZIP	Miami, Florida 33155
TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JACOBS, SUE B		5.2 NAME	
7165 SW 47TH ST.		5.3 STREET ADDRESS	
MIAMI FL		5.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BROWN, BARBARA		6.2 NAME	
7165 SW 47TH ST		6.3 STREET ADDRESS	
MIAMI FL		6.4 CITY-ST-ZIP	

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 in 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 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

URE: **SIGNATURES REQUIRED** Jacobs

1/5/99

305-665-0788

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CR25037 (11/98)