2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# 702913

Entity Name: GREATER MIAMI WOMEN'S BOWLING ASSOCIATION, INC.

Current Principal Place of Business:

%7165 SW 47TH ST., BLDG. #316
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

%7165 SW 47TH ST., BLDG. #316
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-1113680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, SUE B
7165 SW 47TH ST.
BLDG. #316
MIAMI, FL 33155 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: P ( ) Delete
Name: BUZZARD, MARGO
Address: 10930 SW 47 TERR.
City-St-Zip: MIAMI, FL 33165

Title: 1STV ( ) Delete
Name: GOLDSTEIN, SHELLEY
Address: 9420 SW 102 STREET
City-St-Zip: MIAMI, FL 33176

Title: 2NDV ( ) Delete
Name: FASBINDER, ANN MARIE
Address: 9820 SW 130 STREET
City-St-Zip: MIAMI, FL 33176

Title: ST ( ) Delete
Name: JACOBS, SUE B,
Address: 7165 SW 47 STREET #316
City-St-Zip: MIAMI, FL 33155

Title: SAA ( ) Delete
Name: NEVERS, PATTY
Address: 14498 SW 127 COURT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NEVERS, PATTY
Address: 14498 SW 127 COURT
City-St-Zip: MIAMI, FL 33186

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

Title: 2NDV (X) Change ( ) Addition
Name: COLON, SHARON
Address: 10914 SW 155 TERRACE
City-St-Zip: MIAMI, FL 33157

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

Title: SAA (X) Change ( ) Addition
Name: WEISBERG, RONNYE
Address: 7440 SW 146 AVENUE
City-St-Zip: MIAMI, FL 33183

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: SUE B. JACOBS ST 01/11/2006

Electronic Signature of Signing Officer or Director — Date