

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 706595 (6)**

1. Corporation Name  
**BROWARD COUNTY, FLORIDA WOMAN'S BOWLING ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**6289 W. SUNRISE BLVD. SUITE 256 SUNRISE FL 33313**

3. Date Incorporated or Qualified **12/26/1963** 3a. Date of Last Report **02/02/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1357354</b>	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**OBERG, DONNA  
6289 W SUNRISE BLVD #256  
SUNRISE FL 33313**

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 DONNA L. OBERG (NOTE: Registered Agent signature required when reinstating) DATE 1/31/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREED, KATHY</b>	1.2 NAME	
STREET ADDRESS	<b>1600 SW 64TH AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPAÑO BEACH FL 33068</b>	1.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBERG, DONNA</b>	2.2 NAME	
STREET ADDRESS	<b>6289 W SUNRISE BLVD #256</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL</b>	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, PAT</b>	3.2 NAME	
STREET ADDRESS	<b>1660 SUNSET STRIP</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL</b>	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRACCHIOLA, JOAN</b>	4.2 NAME	
STREET ADDRESS	<b>509 N.W 29 STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WILTON MANORS FL</b>	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, BERNICE</b>	5.2 NAME	
STREET ADDRESS	<b>6201 NW 18TH STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/31/96 Daytime Phone # 954-491-4454

CR2E037 (12/95)