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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

6289 W. SUNRISE BLVD.
SUITE 256
SUNRISE FL 33313-6174

3. Date Incorporated or Qualified
12/26/1963

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1357354

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DONNA L. OBERG

1/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME FREED, KATHY
STREET ADDRESS 1600 SW 64TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33068

1.1 TITLE DIRECTOR Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST DELETE
NAME OBERG, DONNA
STREET ADDRESS 6289 W SUNRISE BLVD #256
CITY-ST-ZIP SUNRISE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME JOHNSON, PAT
STREET ADDRESS 1660 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD DELETE
NAME CRACCHIOLA, JOAN
STREET ADDRESS 509 N.W 29 STREET
CITY-ST-ZIP WILTON MANORS FL

4.1 TITLE PRESIDENT Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V DELETE
NAME ROBERTS, BERNICE
STREET ADDRESS 6201 NW 18TH STREET
CITY-ST-ZIP SUNRISE FL

5.1 TITLE DIRECTOR Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE DIRECTOR Change Addition
6.2 NAME Loretta Pittman
6.3 STREET ADDRESS 3516 S.W. 6 CT
6.4 CITY-ST-ZIP FT. LAUDERDALE FL 33312

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone # 0034776

DONNA OBERG 1/28/97 954-491-4454

CR2E037 (9/96)