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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706595

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

91510 90001 18

Principal Place of Business 7800 W OAKLAND PRK BLVD D-210 SUNRISE FL 33351 US	Mailing Address 7800 W OAKLAND PRK BLVD D-210 SUNRISE FL 33351 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/26/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1357354
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent OBERG, DONNA 7800 W OAKLAND PRK BLVD D-210 SUNRISE FL 33351	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: _____ DATE: 1/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	FREED, KATHY 1600 SW 64TH AVENUE POMPANO BEACH FL	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D BOBBI COPPOLA
TITLE ST <input type="checkbox"/> DELETE	OBERG, DONNA 6289 W SUNRISE BLVD #256 SUNRISE FL	1.2 NAME	8205 N.W. 73 AVE
TITLE D <input type="checkbox"/> DELETE	PITTMAN, LORETTA 3516 SW 6 CT FORT LAUDERDALE FL	1.3 STREET ADDRESS	TAMARCAO, FLA 33321
TITLE P <input type="checkbox"/> DELETE	CRACCHIOLA, JOAN 509 N.W. 29 STREET WILTON MANORS FL	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	ROBERTS, BERNICE 6201 NW 18TH STREET SUNRISE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ DATE: 1/4/99 DAYTIME PHONE #: 954-747-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR