


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90061 044 ****61.25

DOCUMENT # 706595

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



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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1357354** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**OBERG, DONNA
7800 W OAKLAND PRK BLVD
D-210
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donna L Oberg* DATE *1/27/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COPPOLA, BOBBI	
STREET ADDRESS	8105 NW 61ST SUITE A202	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OBERG, DONNA	
STREET ADDRESS	731 CONCO SHESA MANOR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MILDRED F	
STREET ADDRESS	2220 NW 30 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRACCHIOLA, JOAN	
STREET ADDRESS	1009 N OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAPP, DEBBIE	
STREET ADDRESS	5264 SW 34 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARGE PRYTON		
STREET ADDRESS	7205 W. SUNRISE BLVD		
CITY-ST-ZIP	PLANTATION, FL 33313		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEBORAH M. BURGESS		
STREET ADDRESS	4161 SW 56 TERR		
CITY-ST-ZIP	DAVIE, FL 33314		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SKOMMINE OBERG* DATE: *1/27/03* DAYTIME PHONE #: *954-747-4334*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)