FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:15

DOCUMENT # 710258 (5)

1. Corporation Name
ORLANDO WOMAN'S BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1301 KELSO BLVD. WINDERMERE FL 34786	1301 KELSO BLVD. WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1966
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1037976 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DICE, VICKI
1301 KELSO BLVD
WINDERMERE 34786

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	REW, MARILYNN S	1.2 NAME	Mrs. Sandra L. Mallozzi	
STREET ADDRESS	2125 PICKETT AVE	1.3 STREET ADDRESS	2524 Osage Trail	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	Fern Park, Florida 32730	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	WESTRICK, JOAN	2.2 NAME		
STREET ADDRESS	6086 PEREGRINE AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DICE, VICKI	3.2 NAME		
STREET ADDRESS	1301 KELSO BOULEVARD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	1st Vice President	☒ Change ☐ Addition
NAME	SEIM, MARGE	4.2 NAME	Mrs. Harriet Litrenta	
STREET ADDRESS	1711 CARDINAL RD	4.3 STREET ADDRESS	2817 Falling Tree Circle	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, Florida 32837	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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: Mrs. Vicki Dice Vicki Dice 2/4/95 407-877-8462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000527