

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 # 710258 (5)
1. Corporation Name
ORLANDO WOMAN'S BOWLING ASSOCIATION, INC.



Principal Place of Business

1301 KELSO BLVD.
WINDERMERE FL 34786

Mailing Address

1301 KELSO BLVD.
WINDERMERE FL 34786

3. Date Incorporated or Qualified 01/25/1966
3a. Date of Last Report 02/10/1995

2. Principal Place of Business 21 159 Bismark Ct.
2a. Mailing Address 26 159 Bismark Ct.
4. FEI Number 59-1037976
Applied For Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State Ocoee, Florida
28 City & State Ocoee, Florida
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34761 Country USA
29 Zip 34761 Country USA
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

DICE, VICKI
1301 KELSO BLVD
WINDERMERE 34786

81 Name Dice, Vicki
82 Street Address (P.O. Box Number is Not Acceptable) 159 Bismark Ct.
83
84 City Ocoee FL 85 Zip Code 34761

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Pd
NAME MALLOZZI, SANDRA L
STREET ADDRESS 2524 OSAGE TRAIL
CITY-ST-ZIP FERN PARK FL ☐ DELETE

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

TITLE TD
NAME WESTRICK, JOAN
STREET ADDRESS 6086 PEREGRINE AVE.
CITY-ST-ZIP ORLANDO, FL 00000 ☐ DELETE

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

TITLE SD
NAME DICE, VICKI
STREET ADDRESS 1301 KELSO BOULEVARD
CITY-ST-ZIP WINDERMERE FL ☐ DELETE

3.1 TITLE Secretary/b
3.2 NAME Vicki Dice
3.3 STREET ADDRESS 159 Bismark Ct.
3.4 CITY-ST-ZIP Ocoee, Florida 34761 ☒ Change ☐ Addition

TITLE VPD
NAME LITRENTA, HARRIET
STREET ADDRESS 2817 FALLING TREE CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Vicki Dice Vicki Dice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-96 407-877-8462

CR2E037 (12/95)