

FILE NOW: FILING FEE IS \$61.25

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Apr 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
159 BISMARCK CT.,
OCOE FL 34761 **159 BISMARCK CT.,**
OCOE FL 34761-4304

3. Date Incorporated or Qualified 01/25/1966	3a. Date of Last Report 03/14/1996
4. FEI Number 59-1037976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICE, VICKI
159 BISMARCK CT.
OCOE FL 34761

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	1.2 NAME	
STREET ADDRESS	MALLOZZI, SANDRA L	1.3 STREET ADDRESS	
CITY-ST-ZIP	2524 OSAGE TRAIL	1.4 CITY-ST-ZIP	
	FERN PARK FL		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD	2.2 NAME	
STREET ADDRESS	WESTRICK, JOAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	6086 PEREGRINE AVE.	2.4 CITY-ST-ZIP	
	ORLANDO, FL 00000		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	3.2 NAME	
STREET ADDRESS	DICE, VICKI	3.3 STREET ADDRESS	
CITY-ST-ZIP	159 BISMARCK CT.	3.4 CITY-ST-ZIP	
	OCOE FL 34761		
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD	4.2 NAME	
STREET ADDRESS	LITRENTA, HARRIET	4.3 STREET ADDRESS	
CITY-ST-ZIP	2817 FALLING TREE CIRCLE	4.4 CITY-ST-ZIP	
	ORLANDO FL		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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* REQUIRED

3-6-97

407-877-8461

CR2E037 (9/96)