

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
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95 MAY - 1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 744168 (6)
1. Corporation Name
CLEARWATER WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business Mailing Address
515 HIGHLAND AVE. SOUTH CLEARWATER FL 34616

2. Principal Place of Business 2a. Mailing Address
21 1221 Turner St. 26 1221 Turner St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 205 27 Suite 205
City & State City & State
23 Clearwater FL 28 Clearwater, FL
Zip Country Zip Country
24 34616 25 Pinellas 29 34616 30 Pinellas

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/05/1978 04/28/1994

4. FEI Number Applied For
59-1305014 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. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WATTS, STEPHEN G.
50 S. BELCHER ROAD
SUITE 122, BUILDING E
CLEARWATER FL 33515

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARAMUNT, JOYOUS P.	1.2 NAME	
STREET ADDRESS	150 THISTLE COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBENS, NOALA G.	2.2 NAME	Mildred Adams
STREET ADDRESS	2081 DUNSTON COVE ROAD	2.3 STREET ADDRESS	29772 60th St. No.
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	Clearwater FL 34621
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, JOANNE .	3.2 NAME	
STREET ADDRESS	1785 TOWNSEND STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, MARY LOU	4.2 NAME	
STREET ADDRESS	7501 142ND AVE. NO. #627	4.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANHOUTEN, DALE	5.2 NAME	
STREET ADDRESS	9335 89TH WAY N.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PATRICIA	6.2 NAME	
STREET ADDRESS	2221 BUENA VISTA	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	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 110.07(3)(b), 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. MARY LOU MCMILLAN

SIGNATURE: Mary Lou McMillan Treasurer 4/28/95 (813) 447-8381
DATE: _____