## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT #744168** 4-22-2004 90035 023 \*\*\*\*61.25 CLEARWATER WOMEN'S BOWLING ASSOCIATION, INC. Principal Place of Business Mailing Address 300 SOUTH DUNCAN AVENUE, STE 217 300 S. DUNCAN AVE. 94033346 CLEARWATER, FL 33755 SUITE 217 CLEARWATER, FL 33755 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1305014 Applied For City & State City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATTS, STEPHEN G. 809 DRUID ROAD EAST Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33756 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition TITLE Delete TITLE MOSLEY-MAY, LAURA NAME NAME 815 PINEWOOD TERRACE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PALM HARBOR, FL. 34684 CITY-ST-ZIP VD Change TITLE ☐ Delete TITLE ☐ Addition Judy Wilson Rd. Lot 98 JUNGLING, TAMMIE NAME NAME STREET ADDRESS 1545 INDIANA AVE STREET ADDRESS PALM HARBOR, FL 34683 CITY-ST-7IP CITY-ST-7IP Clearwater, FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE HENDRY, LYNNE NAME NAME 291 GATEWOOD DRIVE STREET ADDRESS STREET ADDRESS LARGO, FL 33770 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE SPICER, LINDA NAME NAME 35 JOYCE STREET STREET ADDRESS STREET ADDRESS SAFETY HARBOR, FL 34695 CITY-ST-ZIP CITY-ST-7/P Change Addition ☐ Delete TITLE MILE TD Minnie Olds 29250 U.S.19 N #12 ANNARINO, JAN NAME NAME 19029 US HIGHWAY 19 #13A STREET ADDRESS STREET ADDRESS Clearwater, FL 3376/ CLEARWATER, FL 33764 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition D ☐ Delete TITLE TITLE ELLIS, GAIL Carol Weaver NAME NAME 2481 Malcolm Dr. Palm Horbor, FL STREET ADDRESS 1008 SAN SALVADOR DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 34698 CITY-ST-ZIP 34684 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). 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 cath; 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

**FILED** 

4-19-04 727-462-2888 SIGNATURE: .

changed, or on an attachment with an address, with all other like empowered