2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # 744168** 04-19-2005 90397 017 ****61 25 CLEARWATER WOMEN'S BOWLING ASSOCIATION, INC. Principal Place of Business Mailing Address 300 SOUTH DUNCAN AVENUE, STE 217 300 S. DUNCAN AVE. 50038933 CLEARWATER, FL 33755 **SUITE 217** CLEARWATER, FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E037 (10/03) City & State City & State 4. FEI Number 59-1305014 Applied For Not Applicable Country Zip Ζiρ Country \$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 WATTS, STEPHEN G. Street Address (P.O. Box Number is Not Acceptable) 809 DRUID ROAD EAST 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) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 8-1-2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete TITLE TITLE Change Elaine Wilhelm MOSLEY-MAY, LAURA NAME 2481 NE Coachman Rd. #215 STREET ADDRESS 815 PINEWOOD TERRACE WEST STREET ADDRESS PALM HARBOR, FL 34684 CITY-ST-ZP CITY-ST-ZIP Clearwater, FL TITLE ☐ Delete TITLE Change Addition WILSON, JUDY NAME NAME STREET ADDRESS 100 HAMPTON RD., LOT 98 STREET ADDRESS CLEARWATER, FL 33759 CITY-ST-ZIE CITY-ST-7IP TITLE TITLE Delete Change **Addition** Hilda Stratton NAME HENDRY, LYNNE NAME 291 GATEWOOD DRIVE 1983 Oak St. STREET ADDRESS STREET ADDRESS LARGO, FL 33770 CITY-ST-ZIP CITY-ST-ZIP 33760 TITLE SD ☐ Delete TITLE Change Addition SPICER, LINDA NAME NAME STREET ADDRESS 35 JOYCE STREET STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE TD ☐ Defete TITLE ☐ Change ☐ Addition OLDS, MINNIE NAME STREET ADDRESS 29250 US 19 N. #12 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-7IP Delete TITLE Laura Mosley-May 815 Pinewood Terr. W. Palm Harbor, FL 3 5d Change ☐ Addition WEAVER, CAROL NAME NAME STREET ADDRESS 2481 MALCOLM DR. STREET ADDRESS PALM HARBOR, FL. 34684 CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that rry 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.