

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90193 025 ***100.05

DOCUMENT # 744168 1. Entity Name CLEARWATER WOMEN'S BOWLING ASSOCIATION, INC.					
Principal Place of Business 300 SOUTH DUNCAN AVENUE, STE 217 CLEARWATER, FL 33755			Mailing Address 300 S. DUNCAN AVE. SUITE 217 CLEARWATER, FL 33755 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1305014	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WATTS, STEPHEN G. 809 DRUID ROAD EAST CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSLEY-MAY, LAURA <input checked="" type="checkbox"/> Delete 815 PINWOOD TERRACE WEST PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILSON, JUDY <input type="checkbox"/> Delete 100 HAMPTON RD., LOT 98 CLEARWATER, FL 33759				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILHELM, ELAINE <input checked="" type="checkbox"/> Delete 2481 NE COACHMAN RD #215 CLEARWATER, FL 33765				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPICER, LINDA <input type="checkbox"/> Delete 35 JOYCE STREET SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OLDS, MINNIE <input checked="" type="checkbox"/> Delete 29250 US 19 N, #12 CLEARWATER, FL 33761				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEAVER, CAROL <input type="checkbox"/> Delete 2481 MALCOLM DR. PALM HARBOR, FL 34684				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Judy Wilson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Hampton Road #98 Clearwater, FL 33759				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Judy Howarth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2477 Nash St. Clearwater, FL 33765				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Hilda Stratton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2510 Mobilair Dr. Lutz, FL 33559				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tracy Ricci <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3409 Briarwood Lane Safety Harbor, FL 34695				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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.					
SIGNATURE: Linda Spicer Linda Spicer					
4/17/06 727-462-2888					