

744168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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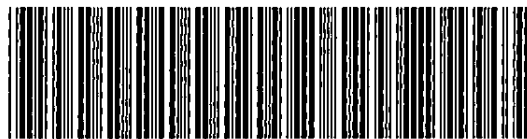
(Business Entity Name)

(Document Number)

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W06-25963

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06 JUN 22 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2006

JUDY WILSON
300 S. DUNCAN AVE., STE. 217
CLEARWATER, FL 33755

SUBJECT: CLEARWATER WOMEN'S BOWLING ASSOCIATION, INC.
Ref. Number: 744168

We have received your document for CLEARWATER WOMEN'S BOWLING ASSOCIATION, INC. and your check(s) totaling \$38.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for a certified copy is \$8.75 for the first 8 pages of the document and \$1 per page for each additional page, not to exceed \$52.50. A certificate of status is \$8.75.

There is a balance due of \$4.95.

The document must have original signatures.

enclosed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 506A00039218

RECEIVED
AMERICAN
05 JUN 2006
DIVISION OF CORPORATIONS

ATTACHMENT

COVER LETTER

50017344
#744168

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Clearwater Women's Bowling Association, Inc.

DOCUMENT NUMBER: 744168

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judy Wilson

(Name of Contact Person)

Clearwater Women's Bowling Association, Inc.

(Firm/ Company)

300 S. Duncan Aveune, Suite #217

(Address)

Clearwater, FL 33755

(City/ State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Linda Spicer

(Name of Contact Person)

at (727) 462-2888

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|---|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(State)

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 11/1/2005

Effective date if applicable: 5/31/2006
(no more than 90 days after amendment file date)

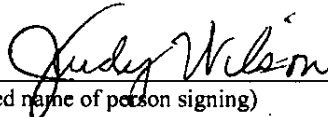
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Judy Wilson



(Typed or printed name of person signing)

President Clearwater USBC WBA, Inc.

(Title of person signing)

FILING FEE: \$35