


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90190 033 ****61.25

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 1221 TURNER ST 205 CLEARWATER, FL 34616 US	
2. Principal Place of Business		3. Mailing Address 300 S. Duncan Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 217	
City & State		City & State Clearwater, FL	
Zip	Country	Zip	Country
33755	USA	33755	USA
4. FEI Number 59-1305014		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATTS, STEPHEN G. 809 DRUID ROAD EAST CLEARWATER, FL 33766		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
		FL	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW FEE IS \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY-MAY, LAURA	NAME	
STREET ADDRESS	816 PINWOOD TERRACE WEST	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGLING, TAMMIE	NAME	
STREET ADDRESS	1545 INDIANA AVE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, LYNNE	NAME	
STREET ADDRESS	291. GATEWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33770	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICER, LINDA	NAME	
STREET ADDRESS	36 JOYCE STREET	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34696	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNARINO, JAN	NAME	
STREET ADDRESS	19029 US HIGHWAY 19 #13A	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, GAIL	NAME	
STREET ADDRESS	1008 SAN SALVADOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 34698	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 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: <i>Linda Spicer Secretary</i>		Date: 4-14-03 727-462-2888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)