2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90100 009 ****61.25

DOCUMENT # N02000007740

1. Entity Name
CHARLOTTE COUNTY WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1588 RADA LN N PORT, FL 34287	P.O.BOX 380547 MURDOCK, FL 33938-0547

2. Principal Place of Business	3. Mailing Address
3313 GRAND VISTA CT.	3313 GRAND VISTA CT
Suite, Apt. #, etc. UNIT 102	Suite, Apt. #, etc. UNIT 102
City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip / Country 33953	Zip / Country 33953

04022005 Chg-NP CR2E037 (10/03)

4. FEI Number
51-0187429
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, KAREN S
1588 RADA LN
N PORT, FL 34287

7. Name and Address of New Registered Agent

Name: TINA M. JOBST
Street Address (P.O. Box Number is Not Acceptable): 3313 GRAND VISTA CT.
UNIT 102
City: PORT CHARLOTTE FL Zip Code: 33953

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: Tina M. Jobst 4/3/05
(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
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P EKISS, YVONNE J 154 NORTHSHORE TERR CHARLOTTE HARBOR, FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HALL, KAREN S. 1588 RADA LN. NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARCIA, ANGELA 23184 RANGER AVE PORT CHARLOTTE, FL 33954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOBST, TINA M 2495 IVANHOE ST PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAIG, SARA L 7895 NE HWY 17 ARCADIA, FL 34266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREDERICKS, AMIEE M 1210 TIFT PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOULD, MARION V 2486 CARING WAY #10A PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Tina M. Jobst 4/3/05 941-629-0213
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #