

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600000579

FILED
Feb 01, 2007
Secretary of State

Entity Name: FLORIDA STATE UNITED STATES BOWLING CONGRESS WOMEN'S BOWLING ASSOCIATION, INC.

Current Principal Place of Business:

14119 - 7TH ST.
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1166
DADE CITY, FL 335261166

New Mailing Address:

FEI Number: 20-4919987 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AUTON, KATHERYN M
14119 - 7TH ST.
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAMBERT, MIMI
Address: 240 ANDERSON DR.
City-St-Zip: MARY ESTHER, FL 32569

Title: VP () Delete
Name: MADDUX, TONI
Address: P. O. BOX 1047
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: S () Delete
Name: JACOBS, SUE
Address: 3211 S.W. 92ND CT.
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: ALLERHEILIGEN, CAROLYN
Address: 384 ECHO CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: REDMAN, CAROLYN S
Address: 520 W. COLEMAN DR., S.E.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: AUTON, KATHERYN M
Address: P. O. BOX 1385
City-St-Zip: DADE CITY, FL 33526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERYN M. AUTON

D

02/01/2007

Electronic Signature of Signing Officer or Director

_____ Date