

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005579

FILED  
Jan 05, 2011  
Secretary of State

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

**Current Principal Place of Business:**

37108 MERIDIAN AVENUE  
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  
37108 MERIDIAN AVENUE  
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  
Name: MADDUX, TONI  
Address: P. O. BOX 1047  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: VP  
Name: JOHNSON, CAROLYN V  
Address: 6726 CRISWELL AVE., N.  
City-St-Zip: ST. PETERSBURG, FL 33709

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

Title: S  
Name: BROOKS, VERMELL  
Address: 2320 N.W. 81ST ST.  
City-St-Zip: MIAMI, FL 33147

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

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

I hereby 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 all other like empowered.

SIGNATURE: KATHERYN M. AUTON

RA

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date