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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26534 (0)
1. Corporation Name:
SOUTH BREVARD WOMEN'S BOWLING ASSOCIATION, INC.



Principal Place of Business Mailing Address
**2281 KING RICHARD ROAD
MELBOURNE FL 32935** **2281 KING RICHARD ROAD
MELBOURNE FL 32935-3710**

3. Date Incorporated or Qualified **05/23/1988** 3a. Date of Last Report **03/08/1996**

2. Principal Place of Business 21 2002 Barkley Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 2002 Barkley Ave. Suite, Apt. #, etc.	4. FEI Number 59-1680334	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Melbourne, Fl.	28 City & State Melbourne, Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 32935	25 Country USA	29 Zip 32935	30 Country USA
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MYERS, MARJORIE
2281 KING RICHARD ROAD
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name **Bette Stift**
82 Street Address (P.O. Box Number is Not Acceptable)
2002 Barkley Ave.
83
84 City **Melbourne** **FL** 85 Zip Code **32935**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Bette Stift* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, MARJORIE	1.2 NAME	Coleman, Guynell
STREET ADDRESS	2281 KING RICHARD ROAD	1.3 STREET ADDRESS	373 Thomas Barbour Dr.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, Fl. 32935
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERANCE, BESSIE	2.2 NAME	Severance, Bessie
STREET ADDRESS	1713 BADGER DRIVE, N.E.	2.3 STREET ADDRESS	713 Balger Dr. NE
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIFT, BETTE	3.2 NAME	
STREET ADDRESS	2002 BARKLEY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bessie M. Severance* 1/14/97 407-727-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0019465**

CR2E037 (9/96)