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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N28525

(6)

FILED Jan 29 1998 8:00am Secretary of State

1. Corporation Name					
COLLI	IER COUNTY WOMEN'S BO	WLING ASSOCIATION. I	INC.		
]	I BIRT BERT BIRT RING BIRT BIRT BIRT BIRT BIRT
Principal Plac	ce of Business	Mailing Address		E EMBINGT 018 TH OF LATER RESIDENT	ı mili miğle dimil memli di ğli diğli çiğli (di ğ
C/O DIANA H	OLMBECK	C/O DIANA HOLMBECK		3. Date Incorporated or Qualified	
103 PALMETTO DUNES CIRCLE 103 PALMETTO DUNES C		103 PALMETTO DUNES CIRC	CLE	1	
NAPLES FL -88	34//3	NAPLES FL 33962 34/L	3	09/26/1988 4. FEI Number	<u> </u>
		_			Applied For
2. Principal F	Place of Business	2a. Mailing Address		36-3344966	Not Applicable
21		26		Certificate of Status Desired	S8.75 Additional
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Se
22 27				Trust Fund Contribution	Added to Fees
		City & State	····	7. Is this nonprofit corporation a h	
23		28			☐ Yes 🔀 No
Zip	Country	Zip	Country	8. This corporation owes or has pa	aid the current year Intangible
24	25		0	Personal Property Tax due June	
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Re	egistered Agent
			81 Name	•	
HOLMBECK, DIANA			82 Street A	Address (P.O. Box Number is Not Acceptal	hle)
103 PAI	LMETTO DUNES CIRCLE				2.0/
NAPLES	S FL 34113		83		
			84 City		85 Zip Code
			1.1		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above-named	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 617.0503, Flori	thorized by the corp da Statutes.	oration's board of directors. I hereby acce	pt the appointment as registered
	dema L	Vac landert			1/15/98
SIGNATURE	Signature, typed or printed name of registered age	National State of Applicable. (NOTE: E	Registered Agent signature r	aquited when reinstating)	1/15/98 DATE
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANI	Int and title if applicable. (NOTE: ED DIRECTORS	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND	National State of Applicable. (NOTE: E	Registered Agent signature r	aquired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND D NIX, SHIRLEY	Int and title if applicable. (NOTE: ED DIRECTORS	Registered Agent signature r	aquired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND D NIX, SHIRLEY PO BOX 1038 NAPLES, FE	Int and title if applicable. (NOTE: ED DIRECTORS	Registered Agent signature r 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	oquired when reinstating) ADDITIONS/CHANGES TO OFFICE TEVER BAUGH, CLARLOTT 3243 NORSE CARRIAGE	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND D NIX, SHIRLEY PO BOX 1038 NAPLES, FE NAPLES FL	nt and title if applicable. (NOTE, ID DIRECTORS	Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	aquired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Maddition Change 7
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4. I hereby certify that the information supplied with this titing does not quality for the exemption stated in Section 119.07(3)(i). Fiorida 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 chapped, or on an attachment with an address.

SIGNATURE:

1/15/98