

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N46175 (8)**
1. Corporation Name
PALM BEACH COUNTY WOMEN'S BOWLING ASSOCIATION, INC.



Principal Place of Business: 2629 MERCER AVENUE WEST PALM BEACH FL 33401
Mailing Address: 2629 MERCER AVENUE WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 03/30/1995
4. FEI Number: 59-1268456
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**GRACE, NANCY
4402 MARY CIRCLE NORTH
LAKE PARK FL 33410**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: *Nancy A Grace* **NANCY A GRACE, SECRETARY** 4/1/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHASE, DONNA	
STREET ADDRESS	3411 AVENUE E	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NIRO, ALICE	
STREET ADDRESS	326 FORESTERIA	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARVEY, LEE	
STREET ADDRESS	5802 BANANA RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KANE, LORRAINE	
STREET ADDRESS	1197 E MOUNTAIN DR.	
CITY-ST-ZIP	W. PALM BCH GARD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRACE, NANCY	
STREET ADDRESS	4402 N MARY CIR	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEOD, FRAN	
STREET ADDRESS	713 SE 2ND STREET	
CITY-ST-ZIP	BELLE GLADE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP REGINA STANNARD
2.3 STREET ADDRESS	17815 BRIAR PATCH TRAIL
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Nancy A Grace* **NANCY A GRACE, SECRETARY** 4/1/96 (407) 835-8711
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)