

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46175 (8) 1. Corporation Name PALM BEACH COUNTY WOMEN'S BOWLING ASSOCIATION, I NC.
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Principal Place of Business 2629 MERCER AVENUE WEST PALM BEACH FL 33401	Mailing Address 2629 MERCER AVENUE WEST PALM BEACH FL 33401 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GRACE, NANCY 4402 MARY CIRCLE NORTH LAKE PARK FL 33410
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD CHASE, DONNA 3411 AVENUE E RIVERA BEACH FL
NAME	VP STANNARD, REGINA 17815 BRIAR PATCH TRAIL BOCA RATON FL
STREET ADDRESS	VP HARVEY, LEE 5802 BANANA RD WEST PALM BEACH FL
CITY-ST-ZIP	TD KANE, LORRAINE 1197 E MOUNTAIN DR. W. PALM BCH GARD FL
	SD GRACE, NANCY 4402 N MARY CIR LAKE PARK FL
	D MCLEOD, FRAN 713 SE 2ND STREET BELLE GLADE FL

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: _____ SIGNATURE REQUIRED

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 11/12/1991	3a. Date of Last Report 04/04/1996
4. FEI Number 59-1268456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD STANNARD, REGINA 17815 BRIAR PATCH TRAIL BOCA RATON, FL 33487
1.2 NAME	VP HARVEY, LEE 5802 BANANA RD WEST PALM BEACH, FL 33415
1.3 STREET ADDRESS	VP MCLEOD, FRAN 13579 FOXTRAIL LANE LOXAHATCHEE, FL 33470
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D SMIMO, JUDI 16086 E WILTSHIRE DR LOXAHATCHEE, FL 33470
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E037 (4/97)

7-21-97 361-835-8711