2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46175

1. Entity Name

PALM BEACH COUNTY WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3923 LAKE WORTH RD #202 LAKE WORTH FL 33461 US	3923 LAKE WORTH RD #202 LAKE WORTH FL 33461 US

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1268456** ☐ Applied For ☐ Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSTA, APRIL 3397 PEBBLE BEACH DR. LAKE WORTH FL 33467	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **PD** NAME **STANNARD, REGINA** STREET ADDRESS **17815 BRIAR PATCH TRAIL** CITY-ST-ZIP **BOCA RATON FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VP** NAME **HARVEY, LEE** STREET ADDRESS **2522 EMORY DR. E APT.** CITY-ST-ZIP **WEST PALM BEACH, FL. 33415**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VP** NAME **MCLEOD, FRAN** STREET ADDRESS **13579 FOXTRAIL LANE** CITY-ST-ZIP **LOXAHATCHEE FL 33470**	☑ Delete	TITLE **VP** NAME **mary J. Kaufman** STREET ADDRESS **5168 Tennis Lane** CITY-ST-ZIP **Delray Beach, Fl. 33483**	☐ Change ☑ Addition
TITLE **T** NAME **SISKO, ANNA J** STREET ADDRESS **1046 SW 25 PL.** CITY-ST-ZIP **BOYNTON BEACH FL 33426**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** NAME **COSTA, APRIL** STREET ADDRESS **3397 PEBBLE BEACH DR.** CITY-ST-ZIP **LAKE WORTH FL 33467**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **CHRISTIANSEN, BEV** STREET ADDRESS **7678 DOUBLETON DR.** CITY-ST-ZIP **DELRAY BEACH FL 33446**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Anna J. Sisko_ 4/12/03 561-433-5455