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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
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DOCUMENT # N93000004866 (0)

1. Corporation Name

DAYTONA BEACH WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
634 RIVERSIDE DR. HOLLY HILL FL 32117	634 RIVERSIDE DR. HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1993
3a. Date of Last Report: 01/26/1994
4. FEI Number: 51-0221715 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

COCKS, LIZ
890 OLD MILL RUN
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: HALL RAMONA J.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 754 Reed Canal Road #0
84 City: SOUTH DAYTONA FL 85 Zip Code: 32119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ramona Hall President — Ramona J. Hall President — 2/28/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	COCKS, LIZ PM1	1.2 NAME	
STREET ADDRESS	890 OLD MILL RUN	1.3 STREET ADDRESS	HALL, RAMONA J. PM1
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	754 Reed Canal Road #0 South Daytona, Fl. 32119
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	FLOWERS, HELEN PM2	2.2 NAME	
STREET ADDRESS	821 PALMETTO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	DV ☒ Change ☐ Addition
NAME	MEISHEID, MARY PM3	3.2 NAME	
STREET ADDRESS	2300 ORIOLE LANE	3.3 STREET ADDRESS	WALKER, VERLINDA PM 3
CITY-ST-ZIP	S. DAYTON FL 32119	3.4 CITY-ST-ZIP	235 Oak Tree Circle Daytona Beach, Fl. 32114
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SHIRLEY PM4	4.2 NAME	
STREET ADDRESS	634 RIVERSIDE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	DT ☐ Change ☐ Addition
NAME	HALL, RAMONA PM5	5.2 NAME	
STREET ADDRESS	754 REED CANAL RD. #0	5.3 STREET ADDRESS	THOMAS, KATHY PM 5
CITY-ST-ZIP	S. DAYTONA FL 32119	5.4 CITY-ST-ZIP	176 Woodland Avenue Ormond Beach, Fl. 32174
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MADDUX, TONI PM6	6.2 NAME	
STREET ADDRESS	P.O. BOX 1047 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32170	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)(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: Ramona Hall President — Ramona J. Hall — 02/20/95 — (904) 761-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0023303