

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004866 (0)

1. Corporation Name

DAYTONA BEACH WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

634 RIVERSIDE DR.
HOLLY HILL FL 32117

Mailing Address

634 RIVERSIDE DR.
HOLLY HILL FL 32117



3. Date Incorporated or Qualified
10/28/1993

3a. Date of Last Report
03/22/1995

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

HALL, RAMONA J
754 REED CANAL ROAD
SUITE 0
SOUTH DAYTONA FL 32119

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

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 DP
NAME HALL, RAMONA J PM1
STREET ADDRESS 754 REED CANAL ROAD, #0
CITY - ST - ZIP SOUTH DAYTONA FL

☐ DELETE

TITLE DV
NAME FLOWERS, HELEN PM2
STREET ADDRESS 821 PALMETTO ST.
CITY - ST - ZIP NEW SMYRNA BEACH FL 32168

☐ DELETE

TITLE DV
NAME WALKER, VERLINDA P
STREET ADDRESS 235 OAK TREE CIRCLE
CITY - ST - ZIP DAYTONA BEACH FL

☐ DELETE

TITLE DS
NAME JOHNSON, SHIRLEY PM4
STREET ADDRESS 634 RIVERSIDE DR.
CITY - ST - ZIP HOLLY HILL FL 32117

☐ DELETE

TITLE DT
NAME THOMAS, KATHY P
STREET ADDRESS 176 WOODLAND AVENUE
CITY - ST - ZIP ORMOND BEACH FL

☐ DELETE

TITLE D
NAME MADDUX, TONI P
STREET ADDRESS P.O. BOX 1047 N/A
CITY - ST - ZIP NEW SMYRNA BCH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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

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:

Ramona J. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96 (904) 761-4530
Date Daytime Phone #

CR2E037 (3/96)