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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

634 RIVERSIDE DR.
HOLLY HILL FL 32117634 RIVERSIDE DR.
HOLLY HILL FL 32117-37603. Date Incorporated or Qualified
10/28/19933a. Date of Last Report
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, RAMONA J

760 REED CANAL ROAD

SUITE 0

SOUTH DAYTONA FL 32119-8573

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME 760 HALL, RAMONA J PM1

STREET ADDRESS 760 REED CANAL ROAD, #0

CITY-ST-ZIP SOUTH DAYTONA FL 32119-8573

TITLE DV ☐ DELETE

NAME FLOWERS, HELEN PM2

STREET ADDRESS 821 PALMETTO ST.

CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE DV ☐ DELETE

NAME WALKER, VERLINDA P

STREET ADDRESS 235 OAK TREE CIRCLE

CITY-ST-ZIP DAYTONA BEACH FL

TITLE DS ☐ DELETE

NAME JOHNSON, SHIRLEY PM4

STREET ADDRESS 634 RIVERSIDE DR.

CITY-ST-ZIP HOLLY HILL FL 32117

TITLE DT ☐ DELETE

NAME THOMAS, KATHY P

STREET ADDRESS 176 WOODLAND AVENUE

CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☐ DELETE

NAME MADDUX, TONI P

STREET ADDRESS P.O. BOX 1047 N/A

CITY-ST-ZIP NEW SMYRNA BCH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97 (904) 261-4530

CR2E037 (9/96)