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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 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**

3. Date Incorporated or Qualified

10/28/1993

4. FEI Number

51-0221715

Applied For

Not Applicable

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

24 **25**

29 **30**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, RAMONA J
760 REED CANAL RD
SOUTH DAYTONA FL 32119**

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 **HALL, RAMONA J PM1**
STREET ADDRESS **760 REED CANAL RD**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

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 **178 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

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 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:

Ramona J Hall

RAMONA J Hall Pres

2-25-98 (904) 761-4530

CR2E037 (1097)