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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004866

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/28/1993

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

9. Name and Address of Current Registered Agent

HALL, RAMONA J
760 REED CANAL RD
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 ☐ DELETE
NAME DP
STREET ADDRESS HALL, RAMONA J PM1
CITY-ST-ZIP 760 REED CANAL RD
SOUTH DAYTONA FL 32119

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

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

1-13-99 (904) 761-4530
Date Daytime Phone #

CR2E037 (11/98)