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Feb 06, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

02-06-1999 90025 050 *****61.25

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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/28/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	51-0221715
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	Country
25	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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
	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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signatures, typed or printed name of registered agent and title if applicable.				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, RAMONA J PM1	1.2 NAME		
STREET ADDRESS	760 REED CANAL RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, VERLINDA P	3.2 NAME		
STREET ADDRESS	235 OAK TREE CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, KATHY P	5.2 NAME		
STREET ADDRESS	176 WOODLAND AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADDUX, TONI P	6.2 NAME		
STREET ADDRESS	P.O. BOX 1047 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL	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, with all other like empowered.

SIGNATURE: *Ramona J. Hall* **RAMONA J. HALL** 1-13-99 (904) 761-4530
Date Daytime Phone #

CR2E037 (1/1/98)