




# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90293 034 \*\*\*\*61.25

<b>DOCUMENT # N94000000692</b>					
<b>1. Entity Name</b> LEESBURG WOMEN'S BOWLING ASSOCIATION INC.					
<b>Principal Place of Business</b> 1005 GLENN RIDGE DRIVE LEESBURG, FL 34748			<b>Mailing Address</b> 1005 GLENN RIDGE DRIVE LEESBURG, FL 34748		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3294453	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WEILANT, REBA 1005 GLENN RIDGE DRIVE LEESBURG, FL 34748			Name Street Address (P.O. Box Number is Not Acceptable) City		
WEILANT, REBA 1005 GLENN RIDGE DRIVE LEESBURG, FL 34748			FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Reba Weiland</u>				DATE <u>4-20-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEILANT, REBA 1005 GLENN RIDGE DRIVE LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURIEL, CASEY 314 CHULA VISA DRIVE LADY LAKE, FL 32159		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ann Westfall 306 N Villa Ave Fruitland Park, FL 34731	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANGEN, LINDA 820 W. OHIO AVE DELAND, FL 32720		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Anne Arleth 8 Conquistador St Leesburg, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Reba Weiland</u>				DATE <u>4-20-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone # <u>352-787-7884</u>	

20042417



04202005 Chg-NP CR2E037 (10/03)