NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400001122

Corporation Name

OCALA WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

5431 NE 35TH STREET LOT 162 SILVER SPRINGS FL 34488

2. Principal Place of Business

Suite, Apt. #, etc.

5431 NE 35TH STREET LOT 162 SILVER SPRINGS FL 34488

FILED Jan 22, 1999 8:00am Secretary of State

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Applied For

3. Date Incorporated or Qualifed 03/01/1994

4. FEI Number

22		27					59-1619863	— 	t Applicable				
City & State			City & State					\$8.75 /	\$8.75 Additional				
23							5. Certificate of Status Desired	Fee Re	Fee Required				
Zip	Country		Zip	Co	untry		6. Election Campaign Financing	\$5.00	May Be				
24	25	29		30			Trust Fund Contribution	Added t					
	9. Name and Address of Current	Regis	tered Agent		10. Name and Address of New Registered Agent								
						Name	•						
BROADE	RICK GAII	, ;			82 Street Address (P.O. Box Number is Not Acceptable)								
BROADERICK, GAIL 5431 NE 35TH STREET LOT 162 SILVER SPRINGS FL 34488						Street Addre							
SILVER STRINGS FL 34400						·							
					84	City	E	E 85 Zip C	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	د_ and title i	f applicable. (NOTE	Registere	d Agent	signature required		<u> </u>	 				
12.	OFFICERS AND	DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12				
TITLE	D		☐ DELETE	1.1 7	TTLE			☐ Change	Addition				
NAME	BROADERICK, GAIL			1.2 N	IAME								
STREET ADDRESS	5431 NE 35TH STREET LOT 16	2		1,3 S	TREET	ADDRESS							
CITY-ST-ZIP	SILVER SPRINGS FL 34488			1.4 0	TY-ST	-ZIP							
TITLE	D DELETE				TLE			☐ Change	☐ Addition				
NAME	DENAULT, FRAN			2.2 N	AME								
STREET ADDRESS	5431 NE 35TH STREET LOT 16	2		2.3 S	TREET	ADDRESS							
CITY-ST-ZIP	SILVER SPRINGS FL 34488	•		2.40	CITY-S1	r-zip							
TITLE	D	-	☐ DELETE	3.1 T				☐ Change	☐ Addition				
NAME	LEMR, JUDI			3.2 N	AME								
STREET ADDRESS	5431 NE 35TH STREET LOT 16	2	•	3.3 S	TREET	ADDRESS							
CITY-ST-ZIP	SILVER SPRINGS FL 34488			3.4. 0	CITY-ST	r-ZIP							
TITLE			☐ DELETE	4.1 T				☐ Change	Addition				
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STREET ADDRESS			•	4.3 S	TREET.	ADDRESS							
CITY-ST-ZIP					ITY-ST				,				
TITLE			☐ DELETE	5.1 T			***	Change	Addition				
NAME				5.2 N	AME								
STREET ADDRESS				5.3 S	TREET	ADDRESS							
CITY-ST-ZIP				5.4 C	TY-ST	-ZIP							
TITLE			☐ DELETE	6.1 1	TLE			Change	☐ Addition				
NAME			-	6.2 N	AME				_				
STREET ADDRESS	Andrew State Control of the Control			6.3 S	TREET	ADDRES\$							
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CITY-ST-ZIP	and the second s			0.40		- surf	· · · · · · · · · · · · · · · · · · ·						

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:

SAUS ABBOOLUNE REGAIREBROODERICK

1/6/99

352-629-1645

ytime Phone #

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