

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001122

FILED
Jan 18, 2004
Secretary of State

Entity Name: OCALA WOMEN'S BOWLING ASSOCIATION, INC.

Current Principal Place of Business:

2260 NE 39TH ST
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

2260 NE 39TH ST
OCALA, FL 34479

New Mailing Address:

FEI Number: 59-1619863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLVIN, SUE
2260 NE 39TH ST
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROADERICK, GAIL
Address: P.O. BOX 331
City-St-Zip: ANTHONY, FL 32617

Title: ST () Delete
Name: COLVIN, SUE S
Address: 2260 NE 39TH ST
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: COLE, GAIL
Address: 4100 NE 28TH TERR
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: COOK, BARBARA
Address: 2826 NE 99TH ST
City-St-Zip: ANTHONY, FL 32617

Title: D () Delete
Name: DENAULT, FRAN
Address: 818 NE 12TH TERRACE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE COLVIN

ST

01/18/2004

Electronic Signature of Signing Officer or Director

Date