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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90126 001 \*\*\*\*61.25

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**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



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

**DOCUMENT # N97000005633**

1. Corporation Name

**WINTER HAVEN WOMEN'S BOWLING ASSOCIATION, INC.**

Principal Place of Business

320 HATFIELD ROAD  
 WINTER HAVEN FL 33880

Mailing Address

320 HATFIELD ROAD  
 WINTER HAVEN FL 33880



2. Principal Place of Business

21 363 Caloosa Court

Suite, Apt. #, etc.

2a. Mailing Address

26 363 Caloosa Court

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/03/1997

4. FEI Number

59-3473540

Applied For

Not Applicable

City &amp; State

23 Lake Wales, FL

City &amp; State

28 Lake Wales, FL

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

Zip

24 33853

Country

25 USA

Zip

29 33853

Country

30 USA

6. Election Campaign Financing  
 Trust Fund Contribution

☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

LAWRENCE, WANDA  
 320 HATFIELD ROAD  
 WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

Melba A. Parrett

82 Street Address (P.O. Box Number is Not Acceptable)

363 Caloosa Court

83

84 City

Lake Wales

FL

85 Zip Code

33853

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 *Melba A. Parrett*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/99  
 DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
 NAME LAWRENCE, WANDA J  
 STREET ADDRESS 320 HATFIELD ROAD  
 CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ DELETE  
 NAME MCGUIRE, HOPE  
 STREET ADDRESS 253 WINDSOR DRIVE  
 CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☒ DELETE  
 NAME TUCKER, LINDA H  
 STREET ADDRESS 204 CORDOVA ROAD  
 CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D ☒ DELETE  
 NAME RUSSELL, LOIS  
 STREET ADDRESS POST OFFICE BOX 593  
 CITY-ST-ZIP LK. ALFRED FL 33850

TITLE D ☐ DELETE  
 NAME PARRETT, MELBA A  
 STREET ADDRESS 363 CALOOSA COURT  
 CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE  
 NAME REDMAN, CAROLYN S  
 STREET ADDRESS 520 WEST COLEMAN DRIVE SE  
 CITY-ST-ZIP WINTER HAVEN FL 33884

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition  
 1.2 NAME WRIGHT, BEVERLY  
 1.3 STREET ADDRESS 4094 LAKE MARIANNA DRIVE  
 1.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

2.1 TITLE VP ☒ Change ☐ Addition  
 2.2 NAME HOPE MCGUIRE  
 2.3 STREET ADDRESS 253 WINDSOR DRIVE  
 2.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

3.1 TITLE VP ☐ Change ☒ Addition  
 3.2 NAME BARBARA A. FREY  
 3.3 STREET ADDRESS 683 CENTURY DRIVE  
 3.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

4.1 TITLE D ☐ Change ☒ Addition  
 4.2 NAME MARY ELLEN WADLEY  
 4.3 STREET ADDRESS 355 E. CUMMINGS AVENUE  
 4.4 CITY-ST-ZIP LAKE ALFRED, FL 33850

5.1 TITLE P ☒ Change ☐ Addition  
 5.2 NAME MELBA A. PARRETT  
 5.3 STREET ADDRESS 363 CALOOSA COURT  
 5.4 CITY-ST-ZIP LAKE WALES, FL 33853

6.1 TITLE T ☒ Change ☐ Addition  
 6.2 NAME CAROLYN S. REDMAN  
 6.3 STREET ADDRESS 520 W. COLEMAN DRIVE SE  
 6.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

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: *Carolyn S. Redman*  
 CAROLYN S. REDMAN, TREASURER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

941-294-7461

Date

Daytime Phone #

CR2E037 (11/98)

N97000005633

444638-90126-1

Block 13. Additions/Changes to Officers and Directors in 12.

Director	Addition
Debbie Augustyniak	
Shore Drive SE	
Winter Haven, FL 33884	

Director	Addition
Mary Lynn Luiz	
160 Poe Drive SE	
Winter Haven, FL 33884	

Director	Addition
Minnie Vanhoozer	
9360 Evans Road	
Polk City, FL 33868	

Director	Addition
Twila Beymer	
303 Lake Millsite Road	
Bartow, FL 33830	

Director	Addition
Debbie Ellis	
108 Arietta Shores	
Auburndale, FL 33823	