

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90130 038 \*\*\*\*61.25

**DOCUMENT # N97000005633**

1. Entity Name

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



Principal Place of Business

**363 CALOOSA COURT  
LAKE WALES FL 33853**

Mailing Address

**363 CALOOSA COURT  
LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3473540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRETT, MELBA A  
363 CALOOSA COURT  
LAKE WALES FL 33853**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>BEYMER, TWILLA</b>	<b>303 LK MILLSITE RD. BARTOW FL 33830</b>		<b>V</b>	<b>BEVERLY WRIGHT</b>	<b>P. O. BOX 932 DUNDEE, FL 33838</b>
	<b>D</b>	<b>RUSSELL, LOIS</b>	<b>P.O. BOX 593 LAKE ALFRED FL 33850</b>		<b>V</b>	<b>MARY ELLEN WADLEY</b>	<b>355 E. CUMMINGS AVENUE LAKE ALFRED, FL 33850</b>
	<b>S</b>	<b>FREY, BARBARA A</b>	<b>683 CENTURY DRIVE WINTER HAVEN FL 33881</b>		<b>D</b>	<b>DEBBIE TURVIN</b>	<b>108 ARIETTA SHORES AUBURNDAL, FL 33823</b>
	<b>D</b>	<b>WALLING, SHIRLEY</b>	<b>135 PALM PLACE HAINES CITY FL 33844</b>		<b>D</b>	<b>LOUISE ALLEN</b>	<b>P. O. BOX 475 AUBURNDAL, FL 33823</b>
	<b>P</b>	<b>PARRETT, MELBA A</b>	<b>363 CALOOSA COURT LAKE WALES FL 33853</b>		<b>D</b>	<b>DIANA EICHLIN</b>	<b>615 S. LAKESIDE TERRACE EAGLE LAKE, FL 33839</b>
	<b>T</b>	<b>REDMAN, CAROLYN S</b>	<b>520 WEST COLEMAN DRIVE SE WINTER HAVEN FL 33884</b>		<b>D</b>	<b>COLEEN WATKINS</b>	<b>1812 16TH STREET NW WINTER HAVEN, FL 33881</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.

SIGNATURE: **CAROLYN S. REDMAN, TREASURER**

**863-324-2108**