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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

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1. Corporation Name

SARASOTA WOMEN'S BOWLING ASSOCIATION, INC.

Principal Place of Business

501 HAND AVE.  
SARASOTA FL 34232

Mailing Address

501 HAND AVE.  
SARASOTA FL 34232



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/01/1998

4. FEI Number

FY 51-0188569

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WARREN, MILLIE  
501 HAND AVE.  
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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 *Millie Warren, Sec*  
Signature, typed or printed name of registered agent and title if applicable

*MILLIE WARREN*  
(NOTE: Registered Agent signature required when reinstating)

01-15-99  
DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS FARGO, GAIL  
CITY-ST-ZIP 1165 RUSSELL  
SARASOTA FL 34232

TITLE ☐ DELETE  
NAME DS  
STREET ADDRESS WARREN, MILLIE  
CITY-ST-ZIP 501 HAND AVE  
SARASOTA FL 34232

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS HIETT, CHARLOTTE  
CITY-ST-ZIP 1055 FRANCES AVE.  
SARASOTA FL 34232

TITLE ☐ DELETE  
NAME DT  
STREET ADDRESS HUFF, BILLIE  
CITY-ST-ZIP 426 WHITFIELD AVE.  
SARASOTA FL 34243

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS ROLAND, BRENDA  
CITY-ST-ZIP 3415 63RD AVE. EAST  
BRADENTON FL 34203

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DRAPER, BARBARA  
CITY-ST-ZIP 4953 BLISS  
SARASOTA FL 34233

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Billie Huff* SIGNATURE: *BILLIE HUFF*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-99  
Date

941-355-1730  
Daytime Phone #

CR2E037 (1/1/98)