

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004628

FILED  
Apr 10, 2004  
Secretary of State

**Entity Name:** PANAMA CITY WOMEN'S BOWLING ASSOCIATION, INC.

**Current Principal Place of Business:**

3201 WOOD VALLEY RD.  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

3201 WOOD VALLEY RD.  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 74-2781407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ATCHISON, CAROL W  
3201 WOOD VALLEY RD.  
PANAMA CITY, FL 32405

**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: PD ( ) Delete  
Name: ATCHISON, CAROL W  
Address: 3201 WOOD VALLEY RD  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP1D ( ) Delete  
Name: LEWIS, PATSY  
Address: 413 DETROIT AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete  
Name: SALE, LINDA  
Address: 9109 LAKE FOREST DR  
City-St-Zip: YOUNGSTOWN, FL 32466

Title: VP2D ( ) Delete  
Name: WARRINER, CINDY  
Address: 408 MINNESOTA AVE  
City-St-Zip: LYNNHAVEN, FL 32444

Title: TD ( ) Delete  
Name: HAYES, NONA SUE  
Address: 508 CANDLEWICK DR  
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: SGD ( ) Change (X) Addition  
Name: MOTON, YOLANDA  
Address: 1317 GULF AVE  
City-St-Zip: PANAMA CITY, FL 32401

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: CAROL W. ATCHISON

PD

04/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date