

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005579

FILED
Feb 09, 2017
Secretary of State
CC2580642468

Entity Name: FLORIDA STATE UNITED STATES BOWLING CONGRESS
WOMEN'S BOWLING ASSOCIATION, INC.

Current Principal Place of Business:

37108 MERIDIAN AVENUE
DADE CITY, FL 33525

Current Mailing Address:

P. O. BOX 1166
DADE CITY, FL 33526-1166

FEI Number: 20-4919987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUTON, KATHERYN M
37108 MERIDIAN AVENUE
DADE CITY, FL 33525 US

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

Officer/Director Detail :

Title P
Name MADDUX, TONI
Address P. O. BOX 1047
City-State-Zip: NEW SMYRNA BEACH FL 32170

Title ASSOCIATION MANAGER
Name AUTON, KATHERYN M
Address P. O, BOX 1385
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR
Name STIFT, BETTE
Address 2002 BARKLEY AVENUE
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR
Name BUZZARD, MARGO
Address 10930 S.W. 47TH TERRACE
City-State-Zip: MIAMI FL 33165

Title D
Name REDMAN, CAROLYN
Address 520 W. COLEMAN DR., S.E.
City-State-Zip: WINTER HAVEN FL 33884

Title SGT.-AT-ARMS
Name ADKINS, MARYANN
Address 1116 DORA AVENUE
City-State-Zip: TAVARES FL 32778

Title VP
Name OBERG, DONNA
Address 731 CONCH SHELL MANOR
City-State-Zip: PLANTATION FL 33324

Title VP
Name KEYES, DALIA
Address 1906 MEADOWRIDGE DR.
City-State-Zip: VALRICO FL 33596

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: KATHERYN M. AUTON

ASSOCIATION MANAGER 02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROTTLOFF, WANDA
Address 2527 - 66TH TERRACE SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR
Name AUTON, KATHERYN M
Address P. O. BOX 1385
City-State-Zip: DADE CITY FL 33526-1385

Title DIRECTOR
Name ELIZABETH, WALDREN
Address 1603 PALMETTO AVE.
City-State-Zip: DELAND FL 32724

Title DIRECTOR
Name TRAMEL, JANET
Address 6725 - 51ST AVENUE
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name HOWARD, JOYCE
Address 9721 GLENPOINT DR.
City-State-Zip: RIVERVIEW FL 33569