

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005579

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

**FILED**  
**Feb 11, 2018**  
**Secretary of State**  
**CC3769647423**

**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 02/11/2018**

\_\_\_\_\_  
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