FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:28

DOCUMENT # 702736 (0)

1. Corporation Name

AMERICAN LAWN BOWLING ASSOCIATION MEMORIAL FOUND ATION, INC.

Principal Place of Business	Mailing Address
1374 BLACK SAGE CIRCLE NIPOMO CA 93444-9300	1374 BLACK SAGE CIRCLE NIPOMO CA 93444-9300

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1961
3a. Date of Last Report: 02/10/1994
4. FEI Number: 95-3123143 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ESCH,HAROLD L.
1524 LAKE SHORE DRIVE
ORLANDO FL 32803

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JAMES	1.2 NAME	
STREET ADDRESS	1374 BLACK SAGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NIPOMO CA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	WOODRUFF, OGDEN	2.2 NAME	
STREET ADDRESS	2175 LARIAT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COPELAND, JAMES	3.2 NAME	
STREET ADDRESS	570 DOUGLAS ROAD, CONDO D	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIPON WI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ESCH, HAROLD	4.2 NAME	
STREET ADDRESS	1524 LAKE SHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ARTIST, ORVILLE	5.2 NAME	
STREET ADDRESS	2601 PINE KNOLL DR.#11	5.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT CREEK CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	WILLIAMS, B., JACK	6.2 NAME	D JOSEPH S. GRABOWSKI
STREET ADDRESS	17547 CUMANA TERRACE	6.3 STREET ADDRESS	1230 VALLEY FORGE BOULEVARD
CITY-ST-ZIP	SAN DIEGO CA	6.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: JAMES GRAHAM James Graham 1-17-95 (805) 343-6200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0074074