

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702736 (0)
1. Corporation Name
AMERICAN LAWN BOWLING ASSOCIATION MEMORIAL FOUNDATION, INC.



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

Mailing Address
**1374 BLACK SAGE CIRCLE
NIPOMO CA 93444-9300**

3. Date Incorporated or Qualified
07/28/1961

3a. Date of Last Report
01/30/1995

2. Principal Place of Business
2175 LARIAT LANE

2a. Mailing Address
2175 LARIAT LANE

4. FEI Number
95-3123143

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired
☐ **\$8.75 Additional Fee Required**

City & State
WALNUT CREEK, CA

City & State
WALNUT CREEK, CA

6. Election Campaign Financing
Trust Fund Contribution
☐ **\$5.00 May Be Added to Fees**

Zip
94596

Country
USA

Zip
94596

Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input checked="" type="checkbox"/> DELETE		11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAHAM, JAMES			12 NAME	WAGB, JOSEPH		
STREET ADDRESS	1374 BLACK SAGE CIRCLE			13 STREET ADDRESS	1117 EL RANCHO DRIVE		
CITY-ST-ZIP	NIPOMO CA			14 CITY-ST-ZIP	54N CITY CENTER FL 33573		
TITLE	S	<input type="checkbox"/> DELETE		21 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODRUFF, OGDEN			22 NAME	ODDEN, WOODRUFF		
STREET ADDRESS	2175 LARIAT LANE			23 STREET ADDRESS	2175 LARIAT LANE		
CITY-ST-ZIP	WALNUT CREEK FL			24 CITY-ST-ZIP	WALNUT CREEK, CA 94596		
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPELAND, JAMES			32 NAME			
STREET ADDRESS	570 DOUGLAS ROAD, CONDO D			33 STREET ADDRESS			
CITY-ST-ZIP	RIPON WI			34 CITY-ST-ZIP	54971		
TITLE	D	<input checked="" type="checkbox"/> DELETE		41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ESCH, HAROLD			42 NAME	GOLDMAN, ROBIN		
STREET ADDRESS	1524 LAKE SHORE DRIVE			43 STREET ADDRESS	52 PENNY LANE		
CITY-ST-ZIP	ORLANDO FL			44 CITY-ST-ZIP	BALTIMORE MD 21209		
TITLE	D	<input checked="" type="checkbox"/> DELETE		51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARTIST, ORVILLE			52 NAME	SULLIVAN, LEON		
STREET ADDRESS	2601 PINE KNOLL DR.#11			53 STREET ADDRESS	3487 SOUTH WEST AV.		
CITY-ST-ZIP	WALNUT CREEK CA			54 CITY-ST-ZIP	FRESNO CA 93706		
TITLE	D	<input checked="" type="checkbox"/> DELETE		61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRABOWSKI, JOSEPH S.			62 NAME	ASHTON-PHILLIPS, MICHAEL		
STREET ADDRESS	1230 VALLEY FORGE BOULEVARD			63 STREET ADDRESS	1764 N. FAIRFAX AV.		
CITY-ST-ZIP	SUN CITY CENTER FL			64 CITY-ST-ZIP	LOS ANGELES CA 90046		

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)(k), 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 in an attachment with an address.

SIGNATURE: *Woodruff Odden* **Woodruff Odden** **22 Jan 96** **(50) 937-0522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)