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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702736** (0)

1. Corporation Name

AMERICAN LAWN BOWLING ASSOCIATION MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2175 LARIAT LANE
WALNUT CREEK CA 94596
US**

**2175 LARIAT LANE
WALNUT CREEK CA 94596
US**



3. Date Incorporated or Qualified

07/28/1961

4. FEI Number

95-3123143

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 703 Ojai Ave

26 703 Ojai Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Sun City Center, FL

28 Sun City Center, FL

Zip

Country

Zip

Country

24 33573

25

29

30

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	TR	<input type="checkbox"/> DELETE
NAME	MCARTHUR, DOUGLAS	
STREET ADDRESS	7185 W TOPEKA	
CITY-ST-ZIP	GLENDAL AZ	

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Phillips, John L	
1.3 STREET ADDRESS	703 Ojai Ave	
1.4 CITY-ST-ZIP	Sun City Center, FL 33573	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	OGDEN, WOODRUFF	
STREET ADDRESS	2175 LARIAT LANE	
CITY-ST-ZIP	WALNUT CREEK CA 94596	

2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ogden, Woodruff	
2.3 STREET ADDRESS	2175 Lariat Lane	
2.4 CITY-ST-ZIP	Walnut Creek, CA 94596	

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	COPELAND, JAMES	
STREET ADDRESS	570 DOUGLAS ROAD, CONDO D	
CITY-ST-ZIP	RIPON WI	

3.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kenneth P. Degenhardt	
3.3 STREET ADDRESS	1209 E. Roadsmeth St.	
3.4 CITY-ST-ZIP	Milwaukee, WI 53212	

TITLE	TR	<input type="checkbox"/> DELETE
NAME	GOLDMAN, ROBIN	
STREET ADDRESS	52 PENNY LANE	
CITY-ST-ZIP	BALTIMORE MD	

4.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ray Turman, Ray	
4.3 STREET ADDRESS	1954 Wolf Laurel Dr	
4.4 CITY-ST-ZIP	Sun City Center, FL 33573	

TITLE	TR	<input type="checkbox"/> DELETE
NAME	WEST, GEORGE	
STREET ADDRESS	1506 N ORCHARD	
CITY-ST-ZIP	TACOMA WA	

5.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brandt, Murray	
5.3 STREET ADDRESS	1692 Narreen Drive	
5.4 CITY-ST-ZIP	San Jose, CA 95124	

TITLE	TR	<input type="checkbox"/> DELETE
NAME	ASHTON-PHILLIPS, MICHAEL	
STREET ADDRESS	1764 N. FAIRFAX AVENUE	
CITY-ST-ZIP	LOS ANGELES CA	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: *John F. Phillips* April 13, 1998 412-242-6469

CR2E037 (10/97)