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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702736

1. Corporation Name

AMERICAN LAWN BOWLING ASSOCIATION MEMORIAL FOUNDATION, INC.

Principal Place of Business

703 OJAI AVE
SUN CITY CNTR FL 33573
US

Mailing Address

703 OJAI AVE
SUN CITY CNTR FL 33573
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

07/28/1961

4. FEI Number

95-3123143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

JOHN L. PHILLIPS

82 Street Address (P.O. Box Number is Not Acceptable)

703 OJAI AVE

83

SUN CITY CENTER

84 City

SUN CITY CENTER

FL

85 Zip Code

33573

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 JOHN L. PHILLIPS, TREASURER

Signature, typed or printed name of registered agent and title if applicable.

John L. Phillips

(NOTE: Registered Agent signature required when reinstating)

1/3/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MCARTHUR, DOUGLAS
STREET ADDRESS 7185 W TOPEKA
CITY-ST-ZIP GLENDALE AZ

TITLE ☒ DELETE

NAME PHILLIPS, JOHN L
STREET ADDRESS 703 OJAI AVE
CITY-ST-ZIP SUN CITY CNTR FL 33573

TITLE ☐ DELETE

NAME DEGENHARDT, KENNETH P
STREET ADDRESS 1209 E ROADSMEET ST
CITY-ST-ZIP MILWAUKEE WI 53212

TITLE ☒ DELETE

NAME GOLDMAN, ROBIN
STREET ADDRESS 52 PENNY LANE
CITY-ST-ZIP BALTIMORE MD

TITLE ☐ DELETE

NAME WEST, GEORGE
STREET ADDRESS 1506 N ORCHARD
CITY-ST-ZIP TACOMA WA

TITLE ☐ DELETE

NAME ASHTON-PHILLIPS, MICHAEL
STREET ADDRESS 1764 N. FAIRFAX AVENUE
CITY-ST-ZIP LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME TRUSTEE
1.3 STREET ADDRESS TURMAN, RAYMOND
1.4 CITY-ST-ZIP 1954 WOLF LAUREL DR
SUN CITY CENTER, FL 33573

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME TRUSTEE
2.3 STREET ADDRESS SMITH, COLIN
2.4 CITY-ST-ZIP 43 ONIDA AVE
LAKE HIAWATHA, NJ 07034

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME TREASURER
3.3 STREET ADDRESS PHILLIPS, JOHN
3.4 CITY-ST-ZIP 703 OJAI AVE
SUN CITY CENTER, FL 33573

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME TRUSTEE
4.3 STREET ADDRESS BRUNT, MURRAY
4.4 CITY-ST-ZIP 1692 NORREN DR
SAN JOSE, CA 95124

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

John L. Phillips, Treasurer

1/3/99

813-634-7489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)