2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702736

FILED Jan 25, 2005 Secretary of State

Entity Name: AMERICAN LAWN BOWLING ASSOCIATION MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
703 OJAI / SUN CITY	AVE 'CNTR, FL 33573	US	15609 N 99TH DRIVE SUN CITY,, AZ 85351	US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
703 OJAI / BUN CITY	AVE CNTR, FL 33573	US	15609 N 99TH DRIVE SUN CITY,, AZ 85351	US	
El Number	: 95-3123143 FE	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Curre	ent Registered Agent:	Name and Address o	f New Registered Agent:	
⊭19 CLEARW/ Γhe above	IADORIAN WAY ATER, FL 33763 L		ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Si	ignature of Registered Age	ent	Date	
OFFICER	S AND DIRECTOR	RS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Γitle: √ame: √ddress:	CT () Dele STEWART, JOHN M 15609 N 99TH DR		Title: Name: Address:	() Change () Addition	
	SUN CITY, AZ 8535	11207	City-St-Zip:		
City-St-Zip: Fitle: Name: Address: City-St-Zip:		ete O L DR		()Change ()Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	SUN CITY, AZ 8535 D () Dele TURMAN, RAYMONE 1954 WOLF LAUREI	ete D L DR . 33573 ete INETH P T ST	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Fitle: Name: Address:	SUN CITY, AZ 8535 D () Dele TURMAN, RAYMONE 1954 WOLF LAUREI SUN CITY CNTR, FL D () Dele DEGENHARDT, KEN 1209 E ROADSMEE	ete D L DR . 33573 ete IINETH P T ST 3212	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	SUN CITY, AZ 8535 D () Dele TURMAN, RAYMONE 1954 WOLF LAUREI SUN CITY CNTR, FL D () Dele DEGENHARDT, KEN 1209 E ROADSMEE MILWAUKEE, WI 53 D () Dele SMITH, COLIN 43 ONRIDE AVE	ete D L DR . 33573 ete INETH P T ST 3212 ete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN M. STEWART CT 01/25/2005