

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90154 041 ****61.25

DOCUMENT # 702736

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-3123143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, JOHN L
703 OJAI AVE
SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CT	PHILLIPS, JOHN	703 OJAI AVE	SUN CITY CENTER FL 33573	<input type="checkbox"/>
D	TURMAN, RAYMOND	1954 WOLF LAUREL DR	SUN CITY CNTR FL 33573	<input type="checkbox"/>
D	DEGENHARDT, KENNETH P	1209 E ROADSMET ST	MILWAUKEE WI 53212	<input type="checkbox"/>
D	SMITH, COLIN	43 ONRIDE AVE	LAKE HIAWATHA NJ 07034	<input type="checkbox"/>
D	WEST, GEORGE	1506 N ORCHARD	TACOMA WA	<input type="checkbox"/>
D	OGDEN, WOODRUFF	2175 LAX 1ST LANE	WALNUT CREEK CA 94596	<input type="checkbox"/>

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

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

813-634-7489