

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005492 (3)

1. Corporation Name
AMERICAN WOMEN'S LAWN BOWLS ASSOCIATION MEMORIAL FOUNDATION, INC.



Principal Place of Business
**1104 OPAL LANE
SUN CITY CENTER FL 33573**

Mailing Address
**1104 OPAL LANE
SUN CITY CENTER FL 33573**

3. Date Incorporated or Qualified
11/04/1994

3e. Date of Last Report
03/28/1995

4. FEI Number
59-3280186

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**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

9. Name and Address of Current Registered Agent
**WOOD, ANN
1104 OPAL LANE
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name **SAME**

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

83 **Sun City Center**

84 City **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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRABOWSKI, PATRICIA	
STREET ADDRESS	1230 VALLEY FORGE BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, ANN	
STREET ADDRESS	1104 OPAL LANE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SEXSMITH, NANCY	
STREET ADDRESS	6170 N.E. 187 PLACE	
CITY-ST-ZIP	SEATTLE WA 98185	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phillips, Beverly	
1.3 STREET ADDRESS	7424 Richland Manor DR.	
1.4 CITY-ST-ZIP	Pittsburgh, PA 15208	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	601 Nutmeg Place	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sexsmith, Nancy	
3.3 STREET ADDRESS	6170 N.E. 187 Place	
3.4 CITY-ST-ZIP	Seattle, WA 98185	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pimentel, Phyllis	
4.3 STREET ADDRESS	24727 Townsend Ave.	
4.4 CITY-ST-ZIP	Hayward, CA 94544	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Forbes, Isabella	
5.3 STREET ADDRESS	305 Mountain Lake Rd.	
5.4 CITY-ST-ZIP	Mystic Island, V.I. 08087	
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 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 on an attachment with an address.

SIGNATURE: Beverly Phillips 3/13/96 (412) 242-6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)