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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
1104 OPAL LANE 1104 OPAL LANE  
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573-6159

3. Date Incorporated or Qualified 11/04/1994 3a. Date of Last Report 03/20/1996  
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 2a. Mailing Address  
2/1 601 Nutmeg Place 26 601 Nutmeg Place  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 City & State Sun City Center FL 28 Sun City Center, FL  
Zip Country 24 33573 25 USA 29 33573 30 USA

9. Name and Address of Current Registered Agent  
WOOD, ANN  
601 NUTMEG PLACE  
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	PHILLIPS, BEVERLY	7434 RICHLAND MANOR DRIVE	PITTSBURGH PA	<input type="checkbox"/>
PD	WOOD, ANN	601 NUTMEG PLACE	SUN CITY CENTER FL	<input type="checkbox"/>
VPD	SEXSMITH, NANCY	6170 N.E. 187 PLACE	SEATTLE WA 98185	<input checked="" type="checkbox"/>
VD	PIMENTAL, PHYLLIS	24724 TOWNSEND AVENUE	HAYWARD CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	Director	Isabella Forbes	305 Mountain Lake Rd		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	Director	Jan Wessel	16152 Mesto Dr.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4		San Diego, CA	92128		<input type="checkbox"/>	<input type="checkbox"/>
3.1					<input type="checkbox"/>	<input type="checkbox"/>
3.2					<input type="checkbox"/>	<input type="checkbox"/>
3.3					<input type="checkbox"/>	<input type="checkbox"/>
3.4					<input type="checkbox"/>	<input type="checkbox"/>
4.1					<input type="checkbox"/>	<input type="checkbox"/>
4.2					<input type="checkbox"/>	<input type="checkbox"/>
4.3					<input type="checkbox"/>	<input type="checkbox"/>
4.4					<input type="checkbox"/>	<input type="checkbox"/>
5.1					<input type="checkbox"/>	<input type="checkbox"/>
5.2					<input type="checkbox"/>	<input type="checkbox"/>
5.3					<input type="checkbox"/>	<input type="checkbox"/>
5.4					<input type="checkbox"/>	<input type="checkbox"/>
6.1					<input type="checkbox"/>	<input type="checkbox"/>
6.2					<input type="checkbox"/>	<input type="checkbox"/>
6.3					<input type="checkbox"/>	<input type="checkbox"/>
6.4					<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

CRE037 (9/96)