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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morgham  
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  
601 NUTMEG PL SUN CITY CENTER FL 33573 US  
601 NUTMEG PL SUN CITY CENTER FL 33573 US

3. Date Incorporated or Qualified  
11/04/1994  
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  
7. Is this nonprofit corporation a homeowners association?  
 Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 1303 Burbank Ct 26 1303 Burbank Ct  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 City & State Sun City Center, FL 28 Sun City Center, FL  
City & State  
24 Zip 33573 25 Country US 29 Zip 33573 30 Country U.S.  
Zip Country Zip Country

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 Elizabeth LaBar  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1303 Burbank Ct.  
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 *Elizabeth LaBar* DATE April 11 1998

12. OFFICERS AND DIRECTORS

TITLE	TO	<input type="checkbox"/> DELETE
NAME	PHILLIPS, BEVERLY	
STREET ADDRESS	7434 RICHLAND MANOR DRIVE	
CITY - ST - ZIP	PITTSBURGH PA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ANN	
STREET ADDRESS	601 NUTMEG PLACE	
CITY - ST - ZIP	SUN CITY CENTER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PIMENTAL, PHYLLIS	
STREET ADDRESS	24724 TOWNSEND AVENUE	
CITY - ST - ZIP	HAYWARD CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORBES, ISABELLA	
STREET ADDRESS	305 MOUNTAIN LAKE RD	
CITY - ST - ZIP	MYSTIC ISLAND NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WESSELL, JAN	
STREET ADDRESS	16152 MESTO DR	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phillips, Beverly	
1.3 STREET ADDRESS	7434 Richland Manor Drive	
1.4 CITY - ST - ZIP	Pittsburgh, PA 15208	
2.1 TITLE	T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elizabeth LaBar	
2.3 STREET ADDRESS	1303 Burbank Court	
2.4 CITY - ST - ZIP	Sun City Center, FL 33573	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bell, Dorothy	
3.3 STREET ADDRESS	326 Melrose Ave. E. #405	
3.4 CITY - ST - ZIP	Seattle, WA 98102	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Haiquer, Jean	
4.3 STREET ADDRESS	13620 Green View	
4.4 CITY - ST - ZIP	Sun City West AZ 85375	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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.

SIGNATURE: *Elizabeth LaBar* DATE: April 11 813-634-6801

CR2E037 (10/97)