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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

21 1303 Burbank Ct

Suite, Apt. #, etc.

22

City & State

23 Sun City Center, FL

Zip

24 33573

Country

25 US

2a. Mailing Address

26 1303 Burbank Ct

Suite, Apt. #, etc.

27

City & State

28 Sun City Center, FL

Zip

29 33573

Country

30 U.S.

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

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)

1303 Burbank Ct.

83 City

Sun City Center FL

84 Zip Code

33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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

(NOTE: Registered Agent signature required when relistening)

DATE

April 11 1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**TO
NAME PHILLIPS, BEVERLY
STREET ADDRESS 7434 RICHLAND MANOR DRIVE
CITY-ST-ZIP PITTSBURGH PA**

TITLE ☒ DELETE

**PD
NAME WOOD, ANN
STREET ADDRESS 601 NUTMEG PLACE
CITY-ST-ZIP SUN CITY CENTER FL**

TITLE ☒ DELETE

**VD
NAME PIMENTAL, PHYLLIS
STREET ADDRESS 24724 TOWNSEND AVENUE
CITY-ST-ZIP HAYWARD CA**

TITLE ☐ DELETE

**D
NAME FORBES, ISABELLA
STREET ADDRESS 305 MOUNTAIN LAKE RD
CITY-ST-ZIP MYSTIC ISLAND NJ**

TITLE ☐ DELETE

**D
NAME WESSELL, JAN
STREET ADDRESS 16152 MESTO DR
CITY-ST-ZIP SAN DIEGO CA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD
NAME Phillips, Beverly
STREET ADDRESS 7434 Richland Manor Drive
CITY-ST-ZIP Pittsburgh, PA 15208**

2.1 TITLE ☐ Change ☒ Addition

**T.D
NAME Elizabeth LaBar
STREET ADDRESS 1303 Burbank Court
CITY-ST-ZIP Sun City Center, FL 33573**

3.1 TITLE ☐ Change ☒ Addition

**VD
NAME Bell, Dorothy
STREET ADDRESS 326 Melrose Ave. E. #405
CITY-ST-ZIP Seattle, WA 98102**

4.1 TITLE ☐ Change ☒ Addition

**D
NAME Haigher, Jean
STREET ADDRESS 13620 Green View
CITY-ST-ZIP Sun City West AZ 85375**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11 813-634-6801

Date Daytime Phone # 0017493

CR2E037 (10/97)