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03-10-1999 90132 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005492

1. Corporation Name

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

Principal Place of Business

1303 BURBANK CT
 SUN CITY CENTER FL 33573
 US

Mailing Address

1303 BURBANK CT
 SUN CITY CENTER FL 33573
 US



2. Principal Place of Business

21 703 Ojai Ave

2a. Mailing Address

26 703 Ojai Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sun City Center, FL

City & State

28 Sun City Center, FL

Zip

24 33573

Country

25 USA

Zip

29 33573

Country

30 USA

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

9. Name and Address of Current Registered Agent

LABAR, ELIZABETH
 1303 BURBANK CT
 SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name **Phillips, Beverly**
 82 Street Address (P.O. Box Number is Not Acceptable) **703 Ojai Ave**
 83
 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

Beverly Phillips
 Signature, typed or printed name of registered agent and date if applicable.

Beverly Phillips Treasurer
 (NOTE: Registered Agent signature required when reinstating)

3/1/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, BEVERLY	
STREET ADDRESS	7434 RICHLAND MANOR DRIVE	
CITY-ST-ZIP	PITTSBURGH PA 15208	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LABAR, ELIZABETH	
STREET ADDRESS	1303 BURBANK CT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELL, DOROTHY	
STREET ADDRESS	326 MELROSE AVE E #405	
CITY-ST-ZIP	SEATTLE WA 98102	
TITLE	D	<input checked="" 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	D	<input checked="" type="checkbox"/> DELETE
NAME	HAIGLER, JEAN	
STREET ADDRESS	13620 GREENVIEW	
CITY-ST-ZIP	SUN CITY WEST AZ 85375	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McDougall, Linda	
1.3 STREET ADDRESS	242 Placid Ave	
1.4 CITY-ST-ZIP	Stratford, CT 06615	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phillips, Beverly	
2.3 STREET ADDRESS	703 Ojai Ave	
2.4 CITY-ST-ZIP	Sun City Center, FL 33573	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LaBar, Elizabeth	
3.3 STREET ADDRESS	1303 Burbank Ct	
3.4 CITY-ST-ZIP	Sun City Center, FL 33573	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Salisbury, Peggy	
4.3 STREET ADDRESS	9538 Oak Ridge Dr	
4.4 CITY-ST-ZIP	Sun City, AZ 85351	
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, with all other like empowered.

SIGNATURE: *Beverly Phillips* **Beverly Phillips** 3/1/99 813 634-7489
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)