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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified  
 11/04/1994

4. FEI Number  
 59-3280186

Applied For  
 Not Applicable

City & State

23 Sun City Center, FL

City & State

28 Sun City Center, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33573

Country

25 USA

Zip

29 33573

Country

30 USA

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 title if applicable.

*Beverly Phillips Treasurer 3/1/99*  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME PHILLIPS, BEVERLY  
 STREET ADDRESS 7434 RICHLAND MANOR DRIVE  
 CITY-ST-ZIP PITTSBURGH PA 15208

TITLE TD  DELETE  
 NAME LABAR, ELIZABETH  
 STREET ADDRESS 1303 BURBANK CT  
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VD  DELETE  
 NAME BELL, DOROTHY  
 STREET ADDRESS 326 MELROSE AVE E #405  
 CITY-ST-ZIP SEATTLE WA 98102

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

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

TITLE D  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  Change  Addition  
 1.2 NAME MeDougall, Linda  
 1.3 STREET ADDRESS 242 Placid Ave  
 1.4 CITY-ST-ZIP Stratford, CT 06615

2.1 TITLE TD  Change  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  Change  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  Change  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  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, with all other like empowered.

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

CR2E037 (1/98)