

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90017 009 ****61.25

DOCUMENT # N94000005492

1. Entity Name

AMERICAN WOMEN'S LAWN BOWLS ASSOCIATION MEMORIAL

Principal Place of Business

703 OJAI AVE
 SUN CITY CENTER FL 33573
 US

Mailing Address

703 OJAI AVE
 SUN CITY CENTER FL 33573
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3280186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, BEVERLY
703 OJAI AVE
SUN CITY CENTER FL 33573

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD**
 STREET ADDRESS **PHILLIPS, BEVERLY**
 CITY-ST-ZIP **703 OJAI AVE**
SUN CITY CNTR FL 33573

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Wood, Myra**
 CITY-ST-ZIP **4830 N. 7th St**
Tacoma, WA 98406

TITLE Delete
 NAME **D**
 STREET ADDRESS **CAM, SHIRLEY**
 CITY-ST-ZIP **1625 SKYCREST DR #25**
WALNUT CREEK CA 94595

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SALISBURY, PEGGY**
 CITY-ST-ZIP **9538 OAK RIDGE DR**
SUN CITY CNTR FL 33531

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS **Salisbury, Peggy**
 CITY-ST-ZIP **9538 Oak Ridge Dr**
Sun City, AZ 85351

TITLE Delete
 NAME **PD**
 STREET ADDRESS **MCDUGALL, LINDA**
 CITY-ST-ZIP **242 PLACID AVE**
STRATFORD CT 06615

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HARLAND, KAYE**
 CITY-ST-ZIP **647 DALTON RD**
SAN DIMAS CA 91773

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly Phillips* **OR** *Beverly Phillips* **4/13/2001** **813-634-7489 (H)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)