


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90011 024 ****61.25

DOCUMENT # N94000005492					
1. Entity Name AMERICAN WOMEN'S LAWN BOWLS ASSOCIATION MEMORIAL FOUNDATION, INC.					
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		4. FEI Number 59-3280186	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent PHILLIPS, BEVERLY 703 OJAI AVE SUN CITY CENTER FL 33573			7. Name and Address of New Registered Agent Name BARBARA ROLLER Street Address (P.O. Box Number is Not Acceptable) 2447 ECUADORIAN WAY #19 City CLEARWATER FL Zip Code 33763		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Barbara L. Roller - Vice President (BARBARA L. ROLLER)</i></u> DATE <u>3-4-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, BEVERLY		NAME	PRESIDENT	
STREET ADDRESS	703 OJAI AVE		STREET ADDRESS	ISABELLA FORBES	
CITY-ST-ZIP	SUN CITY CNTR FL 33573		CITY-ST-ZIP	9963 RAYBORN ST #8	
				BELFLOWER, CA 90706	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAM, SHIRLEY		NAME	SECRETARY	
STREET ADDRESS	1625 SKYCREST DR #25		STREET ADDRESS	DONNA WEST	
CITY-ST-ZIP	WALNUT CREEK CA 94595		CITY-ST-ZIP	10603 W HIGHWOOD LANE	
				SUN CITY, AZ 85373	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRABOWSKI, PATRICIA		NAME	TREASURER	
STREET ADDRESS	1230 VALLEY FORGE BLVD.		STREET ADDRESS	JUDY PATRIZZI	
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP	10967 W. COGGINS DR.	
				SUN CITY, AZ 85351	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEIBBRANDT, DORIS		NAME	VICE PRESIDENT	
STREET ADDRESS	22607 N. WAGON WHEEL DR.		STREET ADDRESS	BARBARA ROLLER	
CITY-ST-ZIP	SUN CITY WEST AZ 85375		CITY-ST-ZIP	2447 ECUADORIAN WAY #19	
				CLEARWATER, FL 33763	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARLAND, KAYE		NAME	DELEGATE	
STREET ADDRESS	647 DALTON RD		STREET ADDRESS	DANA LUM	
CITY-ST-ZIP	SAN DIMAS CA 91773		CITY-ST-ZIP	25-24 72nd ST	
				JACKSON HEIGHTS, N.Y. 11370	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD, MYRA		NAME	DELEGATE	
STREET ADDRESS	10331 W. SIERRA DAWN DR.		STREET ADDRESS	ROBERTA LANE	
CITY-ST-ZIP	SUN CITY AZ 85351		CITY-ST-ZIP	17412 N. CONQUISTADOR DR.	
				SUN CITY WEST, AZ 85373	
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: <u><i>Barbara L. Roller (BARBARA L. ROLLER)</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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MOORE CR2E037 (11/03)