

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

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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

54016326



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3280186

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Barbara L. Roller - Vice President (BARBARA L. ROLLER) **3-4-04**

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PHILLIPS, BEVERLY 703 OJAI AVE SUN CITY CNTR FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAM, SHIRLEY 1625 SKYCREST DR #25 WALNUT CREEK CA 94595	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRABOWSKI, PATRICIA 1230 VALLEY FORGE BLVD. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIBBRANDT, DORIS 22607 N. WAGON WHEEL DR. SUN CITY WEST AZ 85375	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARLAND, KAYE 647 DALTON RD SAN DIMAS CA 91773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOOD, MYRA 10331 W. SIERRA DAWN DR. SUN CITY AZ 85351	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ISABELLA FORBES 9963 RAMONA ST #8 BELLFLOWER, CA 90706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY DONNA WEST 10603 W HIGHWOOD LANE SUN CITY, AZ 85373	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER JUDY PATRIZZI 10867 W. COGGINS DR. SUN CITY, AZ 85351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT BARBARA ROLLER 2447 ECUADORIAN WAY #19 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELEGATE DANA LUM 25-24 72nd ST JACKSON HEIGHTS, N.Y. 11370	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELEGATE ROBERTA LANE 17412 N. CONQUISTADOR DR. SUN CITY WEST, AZ 85373	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Barbara L. Roller (BARBARA L. ROLLER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #