


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90038 049 \*\*\*\*61.25

<b>DOCUMENT # N94000005492</b>	
1. Entity Name <b>AMERICAN WOMEN'S LAWN BOWLS ASSOCIATION MEMORIAL FOUNDATION, INC.</b>	

Principal Place of Business <b>703 OJAI AVE SUN CITY CENTER FL 33573 US</b>	Mailing Address <b>703 OJAI AVE SUN CITY CENTER FL 33573 US</b>
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2. Principal Place of Business <b>BARBARA ROLLER</b> Suite, Apt. #, etc. <b>2447 ECUADORIAN WAY #19</b> City & State <b>CLEARWATER FL</b> Zip <b>33763</b> Country <b>FLORIDA</b>	3. Mailing Address <b>2447 ECUADORIAN WAY #19</b> Suite, Apt. #, etc. <b>#19</b> City & State <b>CLEARWATER, FL</b> Zip <b>33763</b> Country <b>FLORIDA</b>
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1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3280186</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROLLER, BARBARA 2447 ECUADORIAN WAY #19 CLEARWATER FL 33763</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara L. Roller* DATE *3-18-05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FORBES, ISABELLA 9963 RAMONA ST., #8 BELLFLOWER CA 90706</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WEST, DONNA 10603 W HIGHWOOD LANE SUN CITY AZ 85373</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PATRIZZI, JUDY 10867 W COGGINS DR. SUN CITY AZ 85351</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROLLER, BARBARA 2447 ECUADORIAN WAY., #19 CLEARWATER FL 33763</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUM, DANA 25-24 72ND ST. EAST ELMHURST NY 11370</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANE, ROBERTA 17412 N CONQUISTADOR DR. SUN CITY AZ 85373</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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* DATE *3-18-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR