

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-27-2006 90260 017 ****61.25

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



Principal Place of Business Mailing Address
BARBARA ROLLER **2447 ECUA DOMIAN WAY #19**
2447 ECUA DOMIAN WAY #19 **CLEARWATER FL 33763**
CLEARWATER FL 33763 **US**
US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E037 (10/05)

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
ROLLER, BARBARA
2447 ECUADORIAN WAY
#19
CLEARWATER FL 33763

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara L. Roller 3-17-06
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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: P NAME: FORBES, ISABELLA STREET ADDRESS: 9963 RAMONA ST., #8 CITY-ST-ZIP: BELLFLOWER CA 90706	<input type="checkbox"/> Delete
TITLE: S NAME: WEST, DONNA STREET ADDRESS: 10603 W HIGHWOOD LANE CITY-ST-ZIP: SUN CITY AZ 85373	<input type="checkbox"/> Delete
TITLE: T NAME: PATRIZZI, JUDY STREET ADDRESS: 10867 W COGGINS DR. CITY-ST-ZIP: SUN CITY AZ 85351	<input type="checkbox"/> Delete
TITLE: D NAME: ROLLER, BARBARA STREET ADDRESS: 2447 ECUADORIAN WAY., #19 CITY-ST-ZIP: CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE: D NAME: LUM, DANA STREET ADDRESS: 25-24 72ND ST. CITY-ST-ZIP: EAST ELMHURST NY 11370	<input type="checkbox"/> Delete
TITLE: D NAME: LANE, ROBERTA STREET ADDRESS: 17412 N CONQUISTADOR DR. CITY-ST-ZIP: SUN CITY AZ 85373	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

D SANDY SOUZA
1340 EADYOTI WOOD CT #3
WHEAT CREEK, CA 94595

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4/11/06 797-8142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #