

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90292 035 ****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**

11019419



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **GRABOWSKI, PATRICIA**
STREET ADDRESS **1230 VALLEY FORGE BLVD.**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEIBBRANDT, DORIS**
STREET ADDRESS **22807 N. WAGON WHEEL DR.**
CITY-ST-ZIP **SUN CITY WEST AZ 85375**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WOOD, MYRA**
STREET ADDRESS **10331 W. SIERRA DAWN DR.**
CITY-ST-ZIP **SUN CITY AZ 85351**

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* **REO Beverly Phillips** 4/24/2003 813-634-7489 (412-242-6469)

CR2E037 (10/02)