

**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 Mailing Address  
**703 OJAI AVE 703 OJAI AVE**  
**SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573**  
**US US**

**11019419**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3280186</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PHILLIPS, BEVERLY</b> <b>703 OJAI AVE</b> <b>SUN CITY CENTER FL 33573</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<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	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PHILLIPS, BEVERLY</b>			NAME			
STREET ADDRESS	<b>703 OJAI AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CNTR FL 33573</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CAM, SHIRLEY</b>			NAME			
STREET ADDRESS	<b>1625 SKYCREST DR #25</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WALNUT CREEK CA 94595</b>			CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GRABOWSKI, PATRICIA</b>			NAME			
STREET ADDRESS	<b>1230 VALLEY FORGE BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LEIBBRANDT, DORIS</b>			NAME			
STREET ADDRESS	<b>22807 N. WAGON WHEEL DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY WEST AZ 85375</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HARLAND, KAYE</b>			NAME			
STREET ADDRESS	<b>647 DALTON RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN DIMAS CA 91773</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WOOD, MYRA</b>			NAME			
STREET ADDRESS	<b>10331 W. SIERRA DAWN DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY AZ 85351</b>			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)