

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002138

FILED  
Aug 15, 2007  
Secretary of State

**Entity Name:** EXECUTIVE WOMEN'S GOLF ASSOCIATION OF TAMPA BAY, INC.

**Current Principal Place of Business:**

6715 MONARCH PARK  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

1001 BEACON AVE  
TAMPA, FL 33603

**Current Mailing Address:**

6715 MONARCH PARK  
APOLLO BEACH, FL 33572

**New Mailing Address:**

1001 BEACON AVE  
TAMPA, FL 33603

**FEI Number:** 65-0538988      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

YOUNG, CHRISTINA C  
400 NORTH ASHLEY DRIVE  
STE 1500  
TAMPA, FL 33602 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KANE, CYNTHIA  
Address: 9338 WELLINGTON PARK AVE  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: LOVELL, BONNIE  
Address: 13251 ROYAL GEORGE AVENUE  
City-St-Zip: ODESSA, FL 33556

Title: VD ( ) Delete  
Name: O'BRIEN, DENISE L  
Address: 4003 CARROLLWOOD VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: TD ( ) Delete  
Name: EAVES, CAROL  
Address: 4006 BAINWOOD COURT  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ROGERS, PATRICIA E  
Address: 15810 SANCTUARY DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: TD (X) Change ( ) Addition  
Name: BUCKHOLZ, JEAN  
Address: 1001 BEACON AVE  
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA KANE

PD

08/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date