

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002138

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1001 BEACON AVE  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BEACON AVE  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** 65-0538988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BUCKHOLZ, JEAN A  
1001 WEST BEACON AVENUE  
TAMPA, FL 33603 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: JEAN BUCKHOLZ

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROGERS, PATRICIA  
Address: 15810 SANCTUARY DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: ARMSTRONG, GRACE  
Address: 1253 89TH AVENUE N  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD ( ) Delete  
Name: KLAY, CAROL  
Address: 4630 W. BAY VILLA AVENUE  
City-St-Zip: TAMPA, FL 33611

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

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

Title: PD (X) Change ( ) Addition  
Name: RICE, SHARON  
Address: 734 SEAGATE DR  
City-St-Zip: TAMPA, FL 33602

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

Title: VD (X) Change ( ) Addition  
Name: MASON, SUSAN  
Address: 345 RED CEDAR CT NE  
City-St-Zip: ST PETERSBURG, FL 33703

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

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: JEAN BUCKHOLZ

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date