

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

4/24

04-24-2003 90139 050 ****61.25

DOCUMENT # N02000009537

1. Entity Name

EXECUTIVE WOMEN'S GOLF ASSOCIATION TALLAHASSEE CHAPTER, INC.



Principal Place of Business
145 MERIDIAN HILLS ROAD
TALLAHASSEE FL 32312

Mailing Address
145 MERIDIAN HILLS ROAD
TALLAHASSEE FL 32312

55046852

2. Principal Place of Business

3049 LAREDO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3049 LAREDO DRIVE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

32303

Country

LEON

Zip

32303

Country

LEON

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, SANDRA J
145 MERIDIAN HILLS ROAD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name MARY ANN GIDDENS PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)
3049 LAREDO DRIVE

City TALLAHASSEE

FL

Zip Code 32303

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 MARYANN GIDDENS PRESIDENT. Maryann Giddens 4-23-03
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

TITLE NAME SANDRA ROBINSON ☒ Delete
STREET ADDRESS 145 MERIDIAN HILLS RD
CITY-ST-ZIP TALL FL 32312

TITLE NAME LYNN ZAUN ☐ Delete
STREET ADDRESS 8474 WINGFOOT DR
CITY-ST-ZIP TALL FL 32312

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PRESIDENT ☐ Change ☒ Addition
STREET ADDRESS MARY ANN GIDDENS
CITY-ST-ZIP 3049 LAREDO DR
TALL FL 32303

TITLE NAME LYNN ZAUN ☐ Change ☒ Addition
STREET ADDRESS 8474 WINGFOOT DR
CITY-ST-ZIP TALL FL 32312

TITLE NAME JENNIFER BOWER ☐ Change ☒ Addition
STREET ADDRESS 3049 LAREDO DR
CITY-ST-ZIP TALL FL 32303

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

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

TITLE NAME ☐ Change ☐ Addition
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: Maryann Giddens Pres. 4-23-03
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)