2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N03000003467

Entity Name: EXECUTIVE WOMEN'S GOLF ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

300 AVE OF THE CHAMPIONS STE 140
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

300 AVE OF THE CHAMPIONS STE 140
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 11-3695416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUME, SARA L
300 AVE OF THE CHAMPIONS STE 140
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: JARVIS, TYRA
Address: 300 AVE OF THE CHAMPIONS, ST 140
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD ( ) Delete
Name: THOMAS, KATHY
Address: 300 AVE OF THE CHAMPIONS, ST 140
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRD ( ) Delete
Name: HUME, SARA L
Address: 300 AVE OF THE CHAMPIONS, ST 140
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NIEHOFF, ANGIE
Address: 300 AVE OF THE CHAMPIONS, ST 140
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD (X) Change ( ) Addition
Name: FURTADO, KAREN
Address: 300 AVE OF THE CHAMPIONS, ST 140
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARA L. HUME MD 04/21/2005

Electronic Signature of Signing Officer or Director — Date