

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 014 ****61.25

DOCUMENT # N04000001327					
1. Entity Name EXECUTIVE WOMEN'S GOLF ASSOCIATION PT ST LUCIE-TREASURE COAST CHAPTER, INC.					
Principal Place of Business P O BOX 881471 PT ST LUCIE, FL 34988 US			Mailing Address P O BOX 881471 PT ST LUCIE, FL 34988 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRISSOM, EVANGELINE M TREA 1003 TENNESSEE AVE FT PIERCE, FL 34950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME MCDONOUGH, DIANN STREET ADDRESS 2031 ISLAND AVE CITY-ST-ZIP PT ST LUCIE, FL 34953	<input type="checkbox"/> Delete		TITLE P NAME Frebertshauser, Beverly STREET ADDRESS 506 SE KYLE RD CITY-ST-ZIP PT. ST. LUCIE, FL. 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VALVANO, MICHELLE STREET ADDRESS 1203 IBIS AVE CITY-ST-ZIP FT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE VP NAME MARY ANN HUGHES STREET ADDRESS 874 SE PRINEVILLE ST CITY-ST-ZIP PT. ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FREBERTSHAUSER, BEVERLY STREET ADDRESS 506 SE KYLE RD CITY-ST-ZIP PT ST LUCIE, FL 34984	<input type="checkbox"/> Delete		TITLE S NAME CAROL CARBELL STREET ADDRESS 1728 SW MOCKINGBIRD BL. CITY-ST-ZIP PT-ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GRISSOM, EVANGELINE STREET ADDRESS 1003 TENNESSEE AVE CITY-ST-ZIP FT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE T NAME TERIE McCOMB STREET ADDRESS 3191 N.W. Perimeter Rd. CITY-ST-ZIP PALM CITY, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Kru McComb, Treasurer</i>			3/15/05 772 283 7101		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		