

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001327

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** EXECUTIVE WOMEN'S GOLF ASSOCIATION PT ST LUCIE-TREASURE COAST CHAPTER, INC.

**Current Principal Place of Business:**

P O BOX 881471  
PT ST LUCIE, FL 34988 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 881471  
PT ST LUCIE, FL 34988 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

GRISSOM, EVANGELINE M TREA  
1003 TENNESSEE AVE  
FT PIERCE, FL 34950 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: P ( ) Delete  
Name: FREBERTSHAUSER, BEVERLY  
Address: 506 SE KYLE RD  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: VP ( ) Delete  
Name: HUGHES, MARY ANN  
Address: 874 SE PRINEVILLE ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: S ( ) Delete  
Name: CARGILL, CAROL  
Address: 1728 SW MOCKINGBIRD DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete  
Name: MCCOMB, TERIE  
Address: 3191 NW PERIMETER RD  
City-St-Zip: PALM CITY, FL 34990 US

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

Title: VP (X) Change ( ) Addition  
Name: CASTELLUCCI, BETTY  
Address: 412 N. KEY LIME SW., SW  
City-St-Zip: VERO BEACH, FL 32968 US

Title: P (X) Change ( ) Addition  
Name: HUGHES, MARY ANN  
Address: 874 SE PRINEVILLE ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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

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 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: THERESA MCCOMB

T

03/02/2006

Electronic Signature of Signing Officer or Director

Date