

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 14, 2006
Secretary of State

DOCUMENT# N04000001327

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

Title: P () 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: P (X) Change () Addition
Name: FREBERTSHAUSER, BEVERLY
Address: 506 SE KYLE ROAD
City-St-Zip: PORT SAINT LUCIE, FL 349846237 US

Title: V (X) Change () Addition
Name: TARSIA, SUSAN
Address: 668 SW ANDROS CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 349863452 US

Title: S (X) Change () Addition
Name: HOLDER, JUDY
Address: 2025 SW IMPORT DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 349532110

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: TERIE MCCOMB

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11/14/2006

Electronic Signature of Signing Officer or Director

Date