

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



05022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRISSOM, EVANGELINE M TREA
1003 TENNESSEE AVE
FT PIERCE, FL 34950**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREBERTSHAUSER, BEVERLY
STREET ADDRESS	506 SE KYLE ROAD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349846237
TITLE	V
NAME	TARSIA, SUSAN
STREET ADDRESS	668 SW ANDROS CIRCLE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349863452
TITLE	S
NAME	HOLDER, JUDY
STREET ADDRESS	2025 SW IMPORT DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349532110
TITLE	T
NAME	MCCOMB, TERIE
STREET ADDRESS	3191 NW PERIMETER RD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80006-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Terie McComb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07 7722837101