

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 10, 2007**  
**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:**3191 NW PERIMETER ROAD  
PALM CITY, FL 34990**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:**MCCOMB, THERESA TREA  
3191 NW PERIMETER ROAD  
PALM CITY, FL 34990 US

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: THERESA MCCOMB

12/10/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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: PETRUSKA, SUSAN  
Address: 1244 NW SUN TERRACE CIRCLE, #B  
City-St-Zip: PORT SAINT LUCIE, FL 34986-180 US

Title: V (X) Change ( ) Addition  
Name: MURPHY, SUSAN  
Address: 132 SW OAKRIDGE DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34984-493 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 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

TRE

12/10/2007

Electronic Signature of Signing Officer or Director

Date