

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001327

FILED
Feb 12, 2008
Secretary of State

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

Current Principal Place of Business:

3191 NW PERIMETER ROAD
PALM CITY, FL 34990

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:

MCCOMB, THERESA TREA
3191 NW PERIMETER ROAD
PALM CITY, FL 34990 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: PETRUSKA, SUSAN
Address: 1244 NW SUN TERRACE CIRCLE, #B
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

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

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

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: TERIE MCCOMB

TREA

02/12/2008

Electronic Signature of Signing Officer or Director

Date