## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007863

FILED Jun 14, 2005 Secretary of State

Entity Name: WOMEN IN THE GOLF INDUSTRY, INC.

| Current Principal Place of Business:           |  | New Principal Place of Business:                    |   |
|--|--|---|---|
| PO BOX <sup>*</sup><br>PONTE V                 | 1424<br>EDRA BEACH, FL 320041424   |   |   |
| Current Mailing Address:                       |  | New Mailing Address:                                |   |
| PO BOX 1424<br>PONTE VEDRA BEACH, FL 320041424 |  | 572 PONTE VEDRA BLVD<br>PONTE VEDRA BEACH, FL 32082 |   |
| In accordar                                    | nce with s. 607.193(2)(b), F.S., the corporation did not receive                       | <del>-</del>  | ce.   |
| Name and                                       | d Address of Current Registered Agent:   | Name and  | l Address of New Registered Agent:  |
| 572 POŃ  | DEBORAH<br>TE VEDRA BLVD<br>'EDRA BEACH, FL 32082 US                                   |   |   |
|  | e named entity submits this statement for the purpos<br>te of Florida.                 | se of changing                                      | its registered office or registered agent, or both,   |
| SIGNATU  | IRE:   |   |   |
|  | Electronic Signature of Registered Agent   |   | Date  |
| OFFICERS AND DIRECTORS:                        |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         |   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:    | DP () Delete<br>RAMSEY, ALYSON<br>24 WILDFLOWER LANE<br>MORRISTOWN, NJ 07960           | Title:<br>Name:<br>Address:<br>City-St-Zip:         | ( ) Change ( ) Addition   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:    | DV ( ) Delete<br>MCAULIFFE, BARBARA<br>383 MAIN AVE<br>NORWALK, CT 06851               | Title:<br>Name:<br>Address:<br>City-St-Zip:         | ( ) Change ( ) Addition   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:    | DV ( ) Delete<br>CANTRELL, KAREN<br>42412 BOB HOPE DR<br>RANCHO MIRAGE, CA 92270       | Title:<br>Name:<br>Address:<br>City-St-Zip:         | ( ) Change ( ) Addition   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:    | DS () Delete<br>HARPER-ELDER, ROSE<br>PO BOX 5874<br>WASHINGTON, DC 20016              | Title:<br>Name:<br>Address:<br>City-St-Zip:         | ( ) Change ( ) Addition   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:    | DS ( ) Delete<br>HANSON, BARB<br>3400 GLYNWATER TRAIL NW<br>PRIOR LAKE, MN 55372       | Title:<br>Name:<br>Address:<br>City-St-Zip:         | ( ) Change ( ) Addition   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:    | DT () Delete<br>THODEN, DEBORAH<br>572 PONTE VEDRA BLVD<br>PONTE VEDRA BEACH, FL 32082 | Title:<br>Name:<br>Address:<br>City-St-Zip:         | DT (X) Change ( ) Addition<br>THODE, DEBORAH<br>572 PONTE VEDRA BLVD<br>PONTE VEDRA BEACH, FL 32082 |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBORAH THODE DT 06/14/2005