2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007863

Entity Name: WOMEN IN THE GOLF INDUSTRY, INC.

FILED Jan 25, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
PO BOX 1- PONTE VE		FL 320041424			
Current Mailing Address:			New Maili	New Mailing Address:	
	E VEDRA BLV EDRA BEACH,				
FEI Number: 36-4491405 FEI Number Applied For () FEI I			FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	EBORAH E VEDRA BLV EDRA BEACH,				
	named entity s e of Florida.	submits this statement for the pu	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () RAMSEY, ALYS 24 WILDFLOWI MORRISTOWN,	ER LANE	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition BISSELL, KATHLEEN P O BOX 1424 PONTE VEDRA BEACH, FL 32004	
Title: Name: Address: City-St-Zip:	DV () MCAULIFFE, BA 383 MAIN AVE NORWALK, CT		Title: Name: Address: City-St-Zip:	DV (X) Change () Addition HARPER-ELDER, ROSE P O BOX 5874 WASHINGTON, DC 20016	
Title: Name: Address: City-St-Zip:	DV () CAN'TRELL, KA 42412 BOB HOI RANCHO MIRAG	PE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () HARPER-ELDE PO BOX 5874 WASHINGTON,	,	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition HANSON, BARB 3400 GLYNWATER TRAIL NW PRIOR LAKE, MN 55372	
Title: Name: Address: City-St-Zip:	DS () HANSON, BARE 3400 GLYNWAT PRIOR LAKE, M	TER TRAIL NW	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition WAITKUS, DEBBIE 3733 E ATLANTA AVE PHOENIX, AZ 85040	
Title: Name: Address: City-St-Zip:	THODE, DEBOR		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DEBORAH THODE DT 01/25/2006