2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MANATEE CHAPTER OF THE EXECUTIVE WOMEN'S GOLF ASSOCIATION, INC.

Current Principal Place of Business:

6602 DREWRY'S BLUFF
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

PO BOX 21113
BRADENTON, FL 34204

New Mailing Address:

FEI Number: 65-0496670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONEYMAKER, ELIZABETH D ESQ
401 N CATTLEMAN RD SUITE 300
SARASOTA, FL 34232 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: D ( ) Delete
Name: BENDICKSON, KIM
Address: 6602 DREWRY'S BLUFF
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete
Name: PACKARD, CAROL
Address: 6602 DREWRY'S BLUFF
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete
Name: WELDE, DIANNE
Address: 6602 DREWRY'S BLUFF
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete
Name: MONEYMAKER, ELIZABETH
Address: 6602 DREWRY'S BLUFF
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete
Name: RAYMOND, AMY
Address: 6602 DREWRY'S BLUFF
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete
Name: SACKMAN, SUE
Address: 6602 DREWRY'S BLUFF
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: LEMON-STEINER, LINDA
Address: 6602 DREWRY'S BLUFF
City-St-Zip: BRADENTON, FL 34203

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: ELIZABETH D. MONEYMAKER D 04/02/2009

Electronic Signature of Signing Officer or Director — Date