2004 NOT-FOR-PROFIT CORPORATION

Feb 25, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N09070 02-25-2004 90018 008 ****61.25 WOMENS WORLD INVITATIONAL FLY CHAMPIONSHIP, Principal Place of Business Mailing Address 54010743 P.O. BOX 342 P.O. BOX 342 ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2445429 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ≂Name BAKER, SUZAN Street Address (P.O. Box Number is Not Acceptable) PEN KEY CLUB, 82994 O/S HWY P.O.B. 189 ISLAMORADA, FL 33036 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agen SIGMATURE stered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE P/D Delete TITLE P/D ☐ Change Addition Diana Rudolph ROBINSON, LINDA NAME NAME Pen Key Club PO BOX 1089 STREET ADDRESS 7620 SW 159 TERR STREET ADDRESS Islamorada FL MIAMI, FL 33157 CITY-ST-ZIP CITY - ST- 7IP ☐ Delete TITLE (X) Change ☐ Addition TITLE BAKER, SUSAN NAME NAME STREET ADDRESS PEN KEY CLUB, P.O.B. 189 STREET ADDRESS CITY-ST-ZIP ISLAMORADA, FL CITY-ST-ZIP VP/D DVP TITLE Change Addition TITLE Delete Sue more HARBAUGH, DIANE NAME NAME PO BOX 342 **PO BOX 342** STREET ADDRESS STREET ADDRESS ISLAMORADA, FL 33036 CITY-ST-ZIP Islamorada FL Change Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an accuracy, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: > SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY - ST- ZIE

305.393-0111

FILED