FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N13323** **(3)**

1. Corporation Name

PASCO COUNTY SENIOR WOMENS GOLF ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O RUTH BRADY 3422 TEESIDE DR. NEW PORT RICHEY FL 34655	C/O RUTH BRADY 3422 TEESIDE DR. NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2727577 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BRADY, RUTH
3422 TEESIDE DR.
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SCHWAB, BETTY	1.2 NAME	
STREET ADDRESS	3353 LORI LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	LANG, MARY	2.2 NAME	BRAUN, GWENYTH
STREET ADDRESS	10822 LOS SANTOS	2.3 STREET ADDRESS	3300 TEESIDE DRIVE
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BRADY, RUTH	3.2 NAME	
STREET ADDRESS	3422 TEESIDE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	BERA, ANITA	4.2 NAME	PRICE, JEAN
STREET ADDRESS	10635 TIMBER LN	4.3 STREET ADDRESS	3702 BYWATER DRIVE
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	PD	5.1 TITLE	D ☒ Change ☐ Addition
NAME	THOMAS, FLO	5.2 NAME	
STREET ADDRESS	8440-4 BUGLE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, JEAN	6.2 NAME	
STREET ADDRESS	3702 BY WATER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RUTH M. BRADY Ruth M. Brady 4-17-95 (813) 374-0707
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0597648