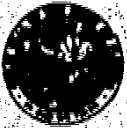


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002254 (1)

1. Corporation Name

FLORIDA WOMEN'S STATE GOLF ASSOCIATION, INC.

APPROVED
AND
FILED

95 MAY -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 507 YESTEROAKS CIRCLE GULF BREEZE FL 32561	Mailing Address 507 YESTEROAKS CIRCLE GULF BREEZE FL 32561
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1993	3a. Date of Last Report 04/20/1994
4. FEI Number 59-3185028	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 21 1124 Laguna Lane Suite, Apt. #, etc. 22 City & State 23 Gulf Breeze Zip 24 32561	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent WILLIAMS, CATHERINE J 507 YESTEROAKS CIRCLE GULF BREEZE FL 32561	10. Name and Address of New Registered Agent 81 Name 82 Street Address 83 84 City 85 Zip Code
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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 Carolyn Green Not provided 95-96 4/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CATHERINE J 507 YESTEROAKS CIRCLE GULF BREEZE FL 32561	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Flo Bodino President 3004 Pabla Beach Dr Lakewood, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAHAGAN, JUNE 1011 E. LAKE PARKER DRIVE LAKELAND FL 33801	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Carolyn Green 1119 Oakdale St Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBER, BETTY 1311 BRIARWOOD DRIVE PORT ST. LUCIE FL 34988	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer Harriet Crutchfield 38 Tree Top Cir Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, SUE 4518 HARBOUR NORTH COURT JACKSONVILLE FL 32225	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Greta Bremser 1124 Laguna Lane Gulf Breeze, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, SHARON 2 CEDAR TRACE LANE OCALA FL 32872	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Betty Forbes 134 Briarwood Dr Port St Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROBBY 319 STRATFORD AVENUE DELAND FL 32724	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Pat Stottberger 23 Oakland Hill Pl Hollywood, FL 33047

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in Section 110.07(3)(k), 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: Carolyn Green 4/15/95 407 876-2501
Signature and typed or printed name of signing officer on director Date Signature Here