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 MAY -1 PM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002254 (1)

1. Corporation Name
FLORIDA WOMEN'S STATE GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
507 YESTEROAKS CIRCLE GULF BREEZE FL 32561	507 YESTEROAKS CIRCLE GULF BREEZE FL 32561

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

2. Principal Place of Business
21: 1124 Laguna Lane
22: Suite, Apt. #, etc.
23: City & State: Gulf Breeze
24: Zip: 32561 25: Country

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

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

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: Greta Bremser
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 1124 Laguna Lane
84 City: Gulf Breeze FL 85 Zip Code: 32561

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 — Verification pending 95-96 — 4/15/95
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	D	1.1 TITLE	F/O Godiva President ☐ Change ☒ Addition
NAME	WILLIAMS, CATHERINE J	1.2 NAME	
STREET ADDRESS	507 YESTEROAKS CIRCLE	1.3 STREET ADDRESS	3004 Pebble Beach Dr
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	Lakeworth, Fl 33015
TITLE	D	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	GAHAGAN, JUNE	2.2 NAME	Carolyn Green
STREET ADDRESS	1011 E. LAKE PARKER DRIVE	2.3 STREET ADDRESS	1119 OAKDALE ST
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	Windermere Fl 34786
TITLE	D	3.1 TITLE	S ☒ Change ☐ Addition
NAME	FORBER, BETTY	3.2 NAME	Harriett Crutchfield
STREET ADDRESS	1311 BRIARWOOD DRIVE	3.3 STREET ADDRESS	38 Tractor Cir.
CITY-ST-ZIP	PORT ST. LUCIE FL 34988	3.4 CITY-ST-ZIP	Ormond Beach, Fl 32174
TITLE	D	4.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	GLASS, SUE	4.2 NAME	Greta Bremser
STREET ADDRESS	4518 HARBOUR NORTH COURT	4.3 STREET ADDRESS	1124 Laguna Lane
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP	Gulf Breeze Fl 32561
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HILL, SHARON	5.2 NAME	Patty Forbes
STREET ADDRESS	2 CEDAR TRACE LANE	5.3 STREET ADDRESS	134 Briarwood Dr.
CITY-ST-ZIP	OCALA FL 32672	5.4 CITY-ST-ZIP	Port St. Lucie, Fl 34986
TITLE	D	6.1 TITLE	D ☒ Change ☒ Addition
NAME	JONES, ROBBY	6.2 NAME	Pat Stoltzberry
STREET ADDRESS	319 STRATFORD AVENUE	6.3 STREET ADDRESS	23 Oakland Hills Pl
CITY-ST-ZIP	DELAND FL 32724	6.4 CITY-ST-ZIP	Palm Coast, Fl 32137

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: Carolyn Green 4/15/95 407 876-2501
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

607B0M