


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002254 (1)**  
1. Corporation Name

**FLORIDA WOMEN'S STATE GOLF ASSOCIATION, INC.**



Principal Place of Business <b>1124 LAGUNA LANE GULF BREEZE FL 32561 US</b>	Mailing Address <b>1124 LAGUNA LANE GULF BREEZE FL 32561-3326 US</b>
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3. Date Incorporated or Qualified <b>05/14/1993</b>	3a. Date of Last Report <b>03/07/1996</b>
4. FEI Number <b>59-3185028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREMSE, GRETA  
1124 LAGUNA LANE  
GULF BREEZE FL 32561**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **GRETA BREMSE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/4/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GODINO, FLO</b>	
STREET ADDRESS	<b>3304 PEBBLE BEACH DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GREER, CAROLYN</b>	
STREET ADDRESS	<b>1119 OAKDALE ST</b>	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUTCHFIELD, HARRIETT</b>	
STREET ADDRESS	<b>33 TREETOP CIR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BREMSE, GRETA</b>	
STREET ADDRESS	<b>1124 LAGUNA LANE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FORBES, BETTY</b>	
STREET ADDRESS	<b>1311 BRIARWOOD DR</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PUTMAN, KIRK</b>	
STREET ADDRESS	<b>913 CLUBHOUSE BLVD</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>JUDITH COMELLA</b>
6.3 STREET ADDRESS	<b>10,000 US HWY 98 #107</b>
6.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33809</b>

14. I do 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 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.

CR2E037 (9/96)