

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90058 027 ****61.25

0079502

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N93000002254

1. Corporation Name

FLORIDA WOMEN'S STATE GOLF ASSOCIATION, INC.

Principal Place of Business

 1124 LAGUNA LANE
 GULF BREEZE FL 32561
 US

Mailing Address

 1124 LAGUNA LANE
 GULF BREEZE FL 32561
 US


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 10,000 N. US 98	26 10,000 N. US 98 #107	05/14/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 #107	27 #107	59-3185028
City & State	City & State	Applied For
23 Lakeland, Fl.	28 Lakeland, Fl.	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33809	29 33809	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	
25 US	30 US	

9. Name and Address of Current Registered Agent

 BREMSER, GRETA
 1124 LAGUNA LANE
 GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name	Judy Comella
82 Street Address (P.O. Box Number is Not Acceptable)	10,000 N. US Highway 98 #107
83	
84 City	Lakeland
85 Zip Code	FL 33809

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 Judith A. Comella Judith A. Comella Executive Director 1-24-99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, CAROLYN P	1.2 NAME	
STREET ADDRESS	1119 OAKDALE STRET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISLEY, TAFFIE	2.2 NAME	Marge Griffith
STREET ADDRESS	7106 RIVER CLUB BLVD	2.3 STREET ADDRESS	10475 Scott Mill #9
CITY-ST-ZIP	BRADENTON FL 34202	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32223
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUTCHFIELD, HARRIETT	3.2 NAME	Karen Vatland
STREET ADDRESS	33 TREETOP CIR	3.3 STREET ADDRESS	132 Anchor Drive
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	Vero Beach, Fl. 32963
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREMSER, GRETA	4.2 NAME	Margaret Leigh
STREET ADDRESS	1124 LAGUNA LANE	4.3 STREET ADDRESS	1404 Woodstream Drive
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP	Oldsmar, Fl. 34677
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODINO, FLO	5.2 NAME	
STREET ADDRESS	3304 PEBBLE BEACH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VATLAND, KAREN	6.2 NAME	Claire O'Brien
STREET ADDRESS	132 ANCHOR DIRVE	6.3 STREET ADDRESS	6427 Brandon Street
CITY-ST-ZIP	VERO BEACH FL 32963	6.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Greer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/99 407 876 2901

CR2E037 (11/98)