


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

02-26-2004 90004 030 ****61.25

DOCUMENT # N93000002254					
1. Entity Name FLORIDA WOMEN'S STATE GOLF ASSOCIATION, INC.					
Principal Place of Business 8875 HIDDEN RIVER PKWY., STE 110 TAMPA FL 33637 US			Mailing Address PO BOX 7308 INDIAN LAKE ESTATES FL 33855 US		
2. Principal Place of Business			3. Mailing Address 8875 Hidden River Pky		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 110		
City & State			City & State TAMPA, FL		
Zip	Country	Zip	Country	4. FEI Number 59-3185028	
33637	US	33637	US	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent COMELLA, JUDY 8875 HIDDEN RIVER PKWY., STE 110 TAMPA FL 33637			7. Name and Address of New Registered Agent		
			Name KELLY TABALA		
			Street Address (P.O. Box Number is Not Acceptable)		
			8875 Hidden River Pky, Suite 110		
City TAMPA			Zip Code FL 33637		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Sarah E. Huneycutt</i></u> <u><i>Kelly Tabala</i></u> <u><i>4/22/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <u><i>see attached list</i></u>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRISLEY, TAFFIE 7106 RIVER CLUB BLVD. BRADENTON FL 34202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOLF, MEREDITH 1619 WILTSHIRE VILLAGE DR WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KLIMAS, GERI 32 MORNING GLORY DR. DEBARY FL 32713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMPFELBERG, SUSAN 305 PLANTATION CIR. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDGE, JERI 2109 AUGUSTA AVE. PENSACOLA FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUDREY STONE 6521 LIVINGSTON WOODS LN. NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Sarah E. Huneycutt</i></u> <u><i>4/22/04</i></u> <u><i>863 692-1451</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					