2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# N93000002254

Entity Name: FLORIDA WOMEN'S STATE GOLF ASSOCIATION, INC.

Current Principal Place of Business:

8875 HIDDEN RIVER PKWY., STE 110
TAMPA, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

8875 HIDDEN RIVER PKWY., STE 110
TAMPA, FL 33637 US

New Mailing Address:

FEI Number: 59-3185028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, TARALA
8875 HIDDEN RIVER PKWY., STE 110
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

KELLY, THORMAHLEN
8875 HIDDEN RIVER PKWY., STE 110
TAMPA, FL 33637 US

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.

SIGNATURE: REGISTERED AGENT SIGNATURE 01/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	MEFFE, KALANI	
Address:	6010 BLAKEFORD DR	
City-St-Zip:	LEESBURG, FL 34789	
Title:	T	( ) Delete
Name:	KONEDA, PAT	
Address:	7 GOLF VIEW DR	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	S	( ) Delete
Name:	POHIRA, ANN	
Address:	200 ST. ANDREWS BLVD #303	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	SULLIVAN, JEANNETTE	
Address:	16433 SW 76TH AVENUE	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	D	( ) Delete
Name:	STROTHER, BETTYE	
Address:	9611 SW 9TH COURT	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	P	( ) Delete
Name:	SHEPPARD, KATHY	
Address:	6715 MANARCH PARK DR.	
City-St-Zip:	APOLLO BEACH, FL 33572	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VP	(X) Change ( ) Addition
Name:	MEFFE, KALANI	
Address:	6010 BLAKEFORD DR	
City-St-Zip:	WINDERMERE, FL 34789	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY SHEPPARD P 01/03/2008
Electronic Signature of Signing Officer or Director Date