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Sep 25 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002465 (1)**

1. Corporation Name

**EXECUTIVE WOMEN'S GOLF LEAGUE OF MARTIN COUNTY, INC.**



Principal Place of Business	Mailing Address
780 NE BAYBERRY LANE JENSEN BEACH FL 34957 US	780 NE BAYBERRY LANE JENSEN BEACH FL 34957-6827 US

3. Date Incorporated or Qualified <b>05/22/1995</b>	3a. Date of Last Report <b>04/30/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>65-0582875</b>	Applied For 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	

9. Name and Address of Current Registered Agent	
PAWLUC, SONIA M 819 S. FEDERAL HWY. SUITE 108 STUART FL 34994	

10. Name and Address of New Registered Agent	
81 Name	Charlotte Carlson
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 *Charlotte M. Carlson* DATE **3-26-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	BALIS, BONNIE	1.2 NAME	Chonome Carlson
STREET ADDRESS	19535 TRAILS END TERRACE	1.3 STREET ADDRESS	1327 NE SAGO DR.
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Jensen Bch, FL 34957
TITLE	SD	2.1 TITLE	VD
NAME	JARVIS, CARYN	2.2 NAME	Tina Lowe
STREET ADDRESS	779 SE FORGAL STREET	2.3 STREET ADDRESS	2171 NW 18th St.
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	Stuart FL 34994
TITLE	PD	3.1 TITLE	SD
NAME	DZIKOWSKI, NANCY	3.2 NAME	Geneva Gaines
STREET ADDRESS	780 N.E. BAYBERRY LANE	3.3 STREET ADDRESS	1327 NE SAGO DR.
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	TD	4.1 TITLE	SD
NAME	FIRLEY, SIRKKA S	4.2 NAME	Bobbie Taylor
STREET ADDRESS	4976 SW BIMINI CIRCLE SOUTH	4.3 STREET ADDRESS	1471 Tamara Ln.
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	Joplin FL 34958
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD	Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Chonome Carlson		
1.3 STREET ADDRESS	1327 NE SAGO DR.		
1.4 CITY-ST-ZIP	Jensen Bch, FL 34957		
2.1 TITLE	VD	Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Tina Lowe		
2.3 STREET ADDRESS	2171 NW 18th St.		
2.4 CITY-ST-ZIP	Stuart FL 34994		
3.1 TITLE	SD	Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Geneva Gaines		
3.3 STREET ADDRESS	1327 NE SAGO DR.		
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957		
4.1 TITLE	SD	Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Bobbie Taylor		
4.3 STREET ADDRESS	1471 Tamara Ln.		
4.4 CITY-ST-ZIP	Joplin FL 34958		
5.1 TITLE		Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE *Charlotte M. Carlson* DATE **3-26-97**

CR2E037 (9/96)