


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90067 016 ****61.25

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

DOCUMENT # N96000003667

1. Corporation Name

CAREER WOMEN'S GOLF ASSOCIATION, INC.

Principal Place of Business

300 CHAMPIONS DRIVE
DAYTONA BEACH FL 32124

Mailing Address

300 CHAMPIONS DRIVE
DAYTONA BEACH FL 32124



| | | | | | |
|--|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 07/09/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3429310 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Country | |
| 24 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| BENDER, LUCIA 1355 NO ATLANTIC AVENUE COCOA BEACH FL 32931 | | | | 81 Name | |
| | | | | 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STULL, EDITH E | 1.2 NAME | |
| STREET ADDRESS | 6713 SOUTH FORK | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRANKLIN, DIANE | 2.2 NAME | SD CATALANO, MARIEE |
| STREET ADDRESS | 2010 S RIDGEWOOD AVE | 2.3 STREET ADDRESS | 607 PINAR DR |
| CITY-ST-ZIP | EDGEWATER FL | 2.4 CITY-ST-ZIP | ORLANDO FL 32825 |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULDOWNEY, ELIZABETH A | 3.2 NAME | |
| STREET ADDRESS | 317 RIDGEWOOD CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUCE, DEBORAH L | 4.2 NAME | VP |
| STREET ADDRESS | 607 PINAR DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | TD KREIGHBAUM, JANE |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 263 W. LAKE FAIR DR |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Maitland, FL 32751 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DELONAK SIGNATURE REQUIRED

4/26/99

407-541-1740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)