NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91190 037 ****61.25

DOCUMENT # N97000000499

1. Entity Name
Executive Women's Golf Association Orlando Chapter, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1285 Twin Oaks Cir
Suite, Apt. #, etc.
City & State: Oviedo FL
Zip: 32765 Country:

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3346584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Peggy Keith
Street Address (P.O. Box Number is Not Acceptable): 1285 Twin Oaks Cir
City: Oviedo FL Zip Code: 32765

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

SIGNATURE: Peggy Keith
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	Joyce Sanders
STREET ADDRESS	3397 Gray Fox Cove
CITY-ST-ZIP	Apopka FL 32703
TITLE	VP D
NAME	Linda Wiggins
STREET ADDRESS	4475 Real Ct
CITY-ST-ZIP	Orlando FL 32808-2231
TITLE	S D
NAME	Betty De Graaf
STREET ADDRESS	1620 Woodland Ave
CITY-ST-ZIP	Winter Park, FL 32789-2775
TITLE	T D
NAME	Peggy Keith
STREET ADDRESS	1285 Twin Oaks Cir
CITY-ST-ZIP	Oviedo, FL 32765
TITLE	
NAME	
STREET ADDRESS	
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CR2E037B (12/01)

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

SIGNATURE: Peggy Keith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #