

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000499

FILED
May 03, 2004
Secretary of State**Entity Name:** EXECUTIVE WOMEN'S GOLF ASSOCIATION ORLANDO CHAPTER, INC.**Current Principal Place of Business:**1285 TWIN OAKS CIRCLE
OVIEDO, FL 32765**New Principal Place of Business:****Current Mailing Address:**1285 TWIN OAKS CIRCLE
OVIEDO, FL 32765**New Mailing Address:****FEI Number:** 59-3346584**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KEITH, PEGGY
1285 TWIN OAKS CIR
OVIEDO, FL 32765**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WIGGINS, LINDA
Address: 4475 REAL CT
City-St-Zip: ORLANDO, FL 328082231

Title: PD () Delete
Name: SANDERS, JOYCE
Address: 3397 GRAY FOX COVE
City-St-Zip: APOKA, FL 32703

Title: SD () Delete
Name: CIAGO, BARB
Address: 435 DUNOON DT
City-St-Zip: OCOEE, FL 34761

Title: TD (X) Delete
Name: KEITH, PEGGY
Address: 1285 TWIN OAKS CIR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CIAGO-FAGAN, BARBARA
Address: 435 DUNOON ST
City-St-Zip: OCOEE, FL 34761

Title: PD (X) Change () Addition
Name: KEITH, PEGGY
Address: 1285 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change () Addition
Name: GARDNER, SHANNON
Address: P O BOX 3541
City-St-Zip: OVIEDO, FL 327903541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PEGGY KEITH

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date