

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90130 020 ****61.25

DOCUMENT # N97000000499

1. Entity Name

**EXECUTIVE WOMEN'S GOLF ASSOCIATION ORLANDO CHAPT
ER, INC.**



Principal Place of Business

**1285 TWIN OAKS CIRCLE
OVIEDO FL 32765**

Mailing Address

**1285 TWIN OAKS CIRCLE
OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3346584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KEITH, PEGGY
1285 TWIN OAKS CIR
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **WIGGINS, LINDA**
STREET ADDRESS **4475 REAL CT**
CITY-ST-ZIP **ORLANDO FL 32808-2231**

TITLE **PD** ☐ Delete
NAME **SANDERS, JOYCE**
STREET ADDRESS **3397 GRAY FOX COVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **SD** ☒ Delete
NAME **DEGRAAF, BETTY**
STREET ADDRESS **1620 WOODLAND AVE**
CITY-ST-ZIP **WINTER PARK FL 32789-2775**

TITLE **TD** ☐ Delete
NAME **KEITH, PEGGY**
STREET ADDRESS **1285 TWIN OAKS CIR**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☐ Addition
NAME **Barb Ciago**
STREET ADDRESS **435 Dunoon St**
CITY-ST-ZIP **ORLND FL 32761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

2/8/03

407-366-9633

CR2E037 (10/02)