

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25506

**Entity Name:** PGA TOUR WIVES ASSOCIATION, INC.**Current Principal Place of Business:**1 PGA TOUR BOULEVARD  
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**PGA TOUR WIVES ASSOCIATION  
P.O. BOX 74  
PONTE VEDRA BEACH, FL 32004 US**FEI Number:** 59-2903646**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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

**Officer/Director Detail :**

Title VP SPECIAL PROJECTS AND  
SECRETARY  
Name GAINEY, ERIN  
Address 1 PGA TOUR BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP, TREASURY  
Name KAUFMAN, FRANCIE  
Address 1 PGA TOUR BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT  
Name SLOAN, CASEY  
Address 1 PGA TOUR BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP PARTNERSHIPS AND SPECIAL  
EVENTS  
Name SLOAN, CASEY  
Address 1 PGA TOUR BLVD  
City-State-Zip: PONTE VEDRA FL 32082-2826

Title DIRECTOR  
Name PERRY, JENNIFER  
Address 1 PGA TOUR BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP, MEMBERSHIP  
Name SCHENK, KOURTNY  
Address 1 PGA TOUR BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP OF MEDIA  
Name HADLEY, AMANDA  
Address 1 PGA TOUR BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP CHARITY ACTIVATION  
Name LEBIODA, MARY  
Address 1 PGA TOUR BLVD  
City-State-Zip: PONTE VEDRA FL 32082-2826

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JENNIFER PERRY**EXECUTIVE DIRECTOR****03/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                           |
|-----------------|---------------------------|
| Title           | VP COMMUNITY OUTREACH     |
| Name            | REEVES, PATRICIA          |
| Address         | 1 PGA TOUR BLVD           |
| City-State-Zip: | PONTE VEDRA FL 32082-2826 |