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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50926 (7)
1. Corporation Name
WORLD ORGANIZATION OF WOMEN IN WATERSKIING, INC.



Principal Place of Business Mailing Address
3964 N. TANNER RD
ORLANDO FL 32826
3964 N. TANNER RD
ORLANDO FL 32826-3515
US

3. Date incorporated or Qualified 09/16/1992
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address
21 5220 E. Colonial Dr. 26 5220 E. Colonial Dr.

4. FEI Number 59-3151979
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

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

City & State City & State
23 Orlando FL 28 Orlando FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 32807 25 FL 29 32807 30 FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEACHMAN, JENNIFER
3964 N. TANNER RD.
ORLANDO FL 32826

81 Name Jennifer Leachman
82 Street Address (P.O. Box Number is Not Acceptable) 5220 E. Colonial Dr.
83
84 City Orlando FL 85 Zip Code 32807

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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Jennifer Leachman, Sherri Slone, and Kristi Overton.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 1-4 are empty.

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED 4/25/2001

CR2E037 (9/96)