


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000962	
1. Entity Name THE WAYNE NEWTON INTERNATIONAL FRIENDS CLUB INC.	

Principal Place of Business 290 AKRON RD. LAKE WORTH, FL 33467	Mailing Address 290 AKRON RD. LAKE WORTH, FL 33467
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04242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0644944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, SHARON D
290 AKRON RD.
LAKE WORTH, FL 33467

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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 *Sharon D. McConnell* DATE 4/23/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCONNELL, SHARON D 290 AKRON RD LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEMOLA, MARGARET NOEL 2200 MENIFEE CT LAS VEGAS, NV 89134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIOIA, FRANCES 8632 EGRET ISLE TR LAKE WORHT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBBON, LOUISE 2308 WINROCK HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORCH, MICHAEL 3422 HAPPY LN LAS VEGAS, NV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000135159
 04/28/04-80048-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sharon D. McConnell* DATE 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #