

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2005
Secretary of State**

DOCUMENT# N96000000962

Entity Name: THE WAYNE NEWTON INTERNATIONAL FRIENDS CLUB INC.

Current Principal Place of Business:

290 AKRON RD.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

290 AKRON RD.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0644944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: PD () Delete
Name: MCCONNELL, SHARON D
Address: 290 AKRON RD
City-St-Zip: LAKE WORTH, FL

Title: VP () Delete
Name: SEMOLA, MARGARET NOEL
Address: 2200 MENIFEE CT
City-St-Zip: LAS VEGAS, NV 89134

Title: T () Delete
Name: GIOIA, FRANCES
Address: 8632 EGRET ISLE TR
City-St-Zip: LAKE WORHT, FL

Title: S () Delete
Name: GIBBON, LOUISE
Address: 2308 WINROCK
City-St-Zip: HOUSTON, TX

Title: D () Delete
Name: FORCH, MICHAEL
Address: 3422 HAPPY LN
City-St-Zip: LAS VEGAS, NV

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCONNELL, SHARON D
Address: 290 AKRON RD
City-St-Zip: LAKE WORTH, FL 33467

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

Title: T (X) Change () Addition
Name: GIOIA, FRANCES
Address: 4943 PINEMORE LANE
City-St-Zip: LAKE WORTH, FL 33463

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

Title: D (X) Change () Addition
Name: FORCH, MICHAEL
Address: 6629 S. PECOS
City-St-Zip: LAS VEGAS, NV 89120

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: SHARON D. MCCONNELL

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date