

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000962

FILED  
Jul 05, 2007  
Secretary of State

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 (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 33467

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: 4943 PINEMORE LANE  
City-St-Zip: LAKE WORTH, FL 33463

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

07/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date