

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000962

FILED
May 15, 2009
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: SANDRA, SONSINI
Address: 8 FERN LANE
City-St-Zip: BILLERICA, MA 01920

Title: D () Delete
Name: KAROL, SEWELL
Address: RTE 3 BOX 36
City-St-Zip: CORDELL, OK 73632

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
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City-St-Zip:

Title: () Change () Addition
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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: LOUISE GIBBON

Electronic Signature of Signing Officer or Director

SECY

05/15/2009

Date