

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000332

FILED
Mar 09, 2005
Secretary of State

Entity Name: LADIES SPIRIT TOUR INC.

Current Principal Place of Business:

2035 14TH PLACE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2035 14TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 80-0031048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATS, BONNIE
2035 14TH PLACE
VERO BEACH, FL 32960 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: BARKLEY, HEATHER J
Address: 5644 COCONUT ROAD
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VD () Delete
Name: COATS, BONNIE
Address: 2035 14TH PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: JACOBS, JACQUE
Address: 420 GRANBY CROSSING
City-St-Zip: CAYCE, SC 29033

Title: D () Delete
Name: JACOBS, JACQUE
Address: 420 GRANBY CROSSING
City-St-Zip: CAYCE, SC 29033

Title: D () Delete
Name: COATS, MARK
Address: 2035 14TH PLACE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARKLEY, HEATHER J
Address: 6122 NW 19TH STREET
City-St-Zip: MARGATE, FL 33063

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

Title: D (X) Change () Addition
Name: JACOBS, JACQUE
Address: 503 RIDGEPOINT CIRCLE, #T1
City-St-Zip: SILVA, NC 28779

Title: D (X) Change () Addition
Name: JACOBS, JACQUE
Address: 503 RIDGEPOINT CIRCLE, #T1
City-St-Zip: SILVA, NC 28779

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

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: BONNIE COATS

VD

03/09/2005

Electronic Signature of Signing Officer or Director

Date