


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006637	
1. Entity Name THE WOMEN'S FRIENDSHIP TOUR ASSOCIATION, INC.	

Principal Place of Business 3576 NE SKYLINE DR JENSEN BEACH, FL 34957	Mailing Address 3576 NE SKYLINE DR JENSEN BEACH, FL 34957
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3126571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HESS, MARGUERITE A 3576 NE SKYLINE DR JENSEN BEACH, FL 34957
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IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HESS, MARGUERITE A 3576 NE SKYLINE DR JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HESS, DOUGLAS F 3576 NE SKYLINE DR JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANCHICK, STEPHEN H 21 RIDGE ST BROCKTON, MA 02302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/28/05-80111-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Marguerite A. Hess **January 25, 2005** **772.334.7731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #