


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000004601 1. Entity Name WILSON FRIENDSHIP CUP ON THE WORTHERSEE, INC.	
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Principal Place of Business 100 EVANS LANE #305D MANALAPAN, FL 33462	Mailing Address 100 EVANS LANE #305D MANALAPAN, FL 33462
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01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0543366	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, MARY 100 EVANS LANE #305D MANALAPAN, FL 33462

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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, 2007	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	PVTS WILSON, MARY 100 EVANS LANE #305D MANALAPAN, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MARY 100 EVANS LANE #305D MANALAPAN, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, ELAINE 1696 W CALIMYRNA APT B FRESNO, CA 93711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ANNE 3324 HADFIELD GREENE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000632547 02/21/07-80026-018 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary Mck Wilson