

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004601

1. Entity Name
WILSON FRIENDSHIP CUP ON THE WORTHERSEE, INC.



Principal Place of Business
**100 EVANS LANE #305D
MANALAPAN, FL 33462**

Mailing Address
**100 EVANS LANE #305D
MANALAPAN, FL 33462**



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **51-0543366** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, MARY
100 EVANS LANE #305D
MANALAPAN, FL 33462**

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

000000828139
02/25/08-80002-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8, 08

3138851856

Date

Daytime Phone #