

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004601

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

100 EVANS LANE #305D
MANALAPAN, FL 33462

New Principal Place of Business:

Current Mailing Address:

100 EVANS LANE #305D
MANALAPAN, FL 33462

New Mailing Address:

FEI Number: 51-0543366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MARY
100 EVANS LANE #305D
MANALAPAN, FL 33462 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: PVTs () Delete
Name: WILSON, MARY
Address: 100 EVANS LANE #305D
City-St-Zip: MANALAPAN, FL 33462

Title: D () Delete
Name: WILSON, MARY
Address: 100 EVANS LANE #305D
City-St-Zip: MANALAPAN, FL 33462

Title: D () Delete
Name: MASON, ELAINE
Address: 1696 W CALIMYRNA APT B
City-St-Zip: FRESNO, CA 93711

Title: D () Delete
Name: MOORE, ANNE
Address: 3324 HADFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

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
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: MARY WILSON

PVTs

04/27/2009

Electronic Signature of Signing Officer or Director

Date