



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90020 034 ****61.25

DOCUMENT # N24567 1. Entity Name INNER WHEEL USA, INC.			
Principal Place of Business C/O JOAN COTTON PMB 126 3104 TAMiami TRAIL NAPLES, FL 34103 US		Mailing Address LINDA HALL 5016 OLIVE OAK WAY CARMICHAEL, CA 95608 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address CONNIE ABRAM Suite, Apt. #, etc. 3716 CLOVER VALLEY ROAD City & State ROCKLIN, CA. Zip 95677 Country USA	
			
		01262005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 68-0132727	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTON, JOAN PMB 126 3104 TAMiami TRAIL NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PPD	TITLE	PPD
NAME	COLLINS, MARGARET	NAME	SIMS, JOY
STREET ADDRESS	PO BOX 426	STREET ADDRESS	415 DYSON ROAD
CITY-ST-ZIP	AVON PARK, FL 33826	CITY-ST-ZIP	HAINES CITY, FL 338449232
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	TD
NAME	HALL, LINDA M	NAME	ABRAM, CONNIE
STREET ADDRESS	5016 OLIVE OAK WAY	STREET ADDRESS	3716 CLOVER VALLEY ROAD
CITY-ST-ZIP	CARMICHAEL, CA 95608	CITY-ST-ZIP	ROCKLIN, CA 95677
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD	TITLE	VD
NAME	STOLZ, DORIS	NAME	CHASE, LOLA
STREET ADDRESS	2917 COVENTRY LANE	STREET ADDRESS	2445 OTIS DRIVE
CITY-ST-ZIP	WAUKESHA, WI 53188	CITY-ST-ZIP	ALAMEDA, CA 94501
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD	TITLE	PD
NAME	SIMS, JOY	NAME	STOLZ, DORIS
STREET ADDRESS	415 DYSON ROAD	STREET ADDRESS	N17W20840E, FIELDHACK DR. UNIT B
CITY-ST-ZIP	HAINES CITY, FL 338449232	CITY-ST-ZIP	PEWAUKEE, WI 53072-5417
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	SD
NAME	ROCKER, KAY	NAME	WILLIS, ELAINE
STREET ADDRESS	2740 SEQUOYAH DR	STREET ADDRESS	565 B. MCPHIDE LANE
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP	BROOKFIELD, WI 53005
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Connie Abram, Treasurer IWUSA</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>1/27/05</i> Daytime Phone: <i>916-624-344</i>	