

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90251 030 ****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
**CONNIE ABRAM
3716 CLOVER VALLEY ROAD
ROCKLIN, CA 95677 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
68-0132727

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

FL

Zip Code

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. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PFD
STOLZ, DORIS
26840 E FIELDHACK DR, UNIT B
PEWAUKEE, WI 530725417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ABRAM, CONNIE
3716 CLOVER VALLEY ROAD
ROCKLIN, CA 95677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WILLIS, ELAINE
565 B MCPRIDE LANE
BROOKFIELD, WI 53045** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHASE, LOLA
2445 OTIS DR.
ALAMEDA, CA 94501** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PETERSON, KAREN
9821 GRANDVIEW DR.
DENTON, TX 76207** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PFD
CHASE, LOLA
2445 OTIS DRIVE
ALAMEDA, CA 94501-5268** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BURGESS, DELORES
6292 MORGAN LA FEE Lane
FORT. MYERS, FL 33912-1612** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIS, ELAINE
565 B MCPRIDE LANE
BROOKFIELD, WI 53045** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ERICKSON, ELLEN
2971 STYLES ROAD
ALVA, FL 33920** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Connie Abram* **CONNIE ABRAM, Treasurer** **1/4/07** **916-624-3414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #