FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25506 (9)

1. Corporation Name
TOUR WIVES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~112 TPC BV~~ PONTE VEDRA FL 32082	~~112 TPC BV~~ PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1988
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2903646 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
21	26 TOUR WIVES ASSOC., INC.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22 112 TPC BOULEVARD	27 P.O. BOX 74		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28 PONTE VEDRA BCH, FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 32004 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D/V	☒ Change ☐ Addition
NAME	MCGOWAN, BONNIE	1.2 NAME	TRIPLETT, CATHI	
STREET ADDRESS	PINE NEEDLES RESORT	1.3 STREET ADDRESS	6524 JOCELYN HOLLOW	
CITY-ST-ZIP	SOUTHERN PINES NC	1.4 CITY-ST-ZIP	NASHVILLE, TN 37205	
TITLE	DS	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	INMAN, PATTI	2.2 NAME	INMAN, PATTI	
STREET ADDRESS	900 MANSELL ROAD	2.3 STREET ADDRESS	10800 ALPHARETTA HWY, SUITE 556	
CITY-ST-ZIP	ROSWELL GA	2.4 CITY-ST-ZIP	ROSWELL, GA 30076	
TITLE	VD	3.1 TITLE	D/S	☒ Change ☐ Addition
NAME	WADKINS, LINDA	3.2 NAME	EDWARDS, RHONDA	
STREET ADDRESS	5815 HARBOUR HILL PL	3.3 STREET ADDRESS	8500 MILL CREEK ROAD	
CITY-ST-ZIP	MIDLOTHIAN VA	3.4 CITY-ST-ZIP	IRVING, TX 75063	
TITLE	VD	4.1 TITLE	D/V	☒ Change ☐ Addition
NAME	GALLAGHER, CISSYE	4.2 NAME	GALLAGHER, CISSYE	
STREET ADDRESS	717 PECAN GROVE	4.3 STREET ADDRESS	104 W. PARK AVENUE	
CITY-ST-ZIP	GREENWOOD MS	4.4 CITY-ST-ZIP	GREENWOOD, MS 38930	
TITLE	TD	5.1 TITLE	D/T	☒ Change ☐ Addition
NAME	WALDORF, VICKY	5.2 NAME	GUMP, CHRISTINE	
STREET ADDRESS	22415 GEORGIA LN	5.3 STREET ADDRESS	8016 LANDGROVE CT.	
CITY-ST-ZIP	SAUGUS CA	5.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patti A. Inman (404) 740-9674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATTI INMAN, PRESIDENT

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