

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25506

(9)

1. Corporation Name

TOUR WIVES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

142-TPC BV - Delete
112 TPC BOULEVARD
PONTE VEDRA FL 32082
US

TOUR WIVES ASSOC., INC.
P.O. BOX 74
PONTE VEDRA BCH FL 32004
US

3. Date Incorporated or Qualified

03/21/1988

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **DV**
TRIPLETT, CATHI
STREET ADDRESS **6524 JOCELYN HOLLOW**
CITY-ST-ZIP **NASHVILLE TN**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **37205**

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **DP**
INMAN, PATTI
STREET ADDRESS **10800 ALPHARETTA HWY, SUITE 556**
CITY-ST-ZIP **ROSWELL GA**

2.2 NAME **D**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **30076**

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **DS**
EDWARDS, RHONDA
STREET ADDRESS **8500 MILL CREEK ROAD**
CITY-ST-ZIP **IRVING TX**

3.2 NAME **D/V**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **75063**

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **DV**
GALLAGHER, CISSYE
STREET ADDRESS **104 W. PARK AVENUE**
CITY-ST-ZIP **GREENWOOD MS**

4.2 NAME **D/P**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **38930**

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME **DT**
GUMP, CHRISTINE
STREET ADDRESS **8016 LANDGROVE CT.**
CITY-ST-ZIP **ORLANDO FL**

5.2 NAME **D/T**
5.3 STREET ADDRESS **Wrenn, Kathy**
5.4 CITY-ST-ZIP **9208 River Road**
Richmond, VA
23229

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME **D/S**
6.3 STREET ADDRESS **Lancaster, Lou Ann**
6.4 CITY-ST-ZIP **6 Quail Run**
Smithfield, NC
27577

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)(k), 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 Inman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patti Inman, Director

770-740-9674

Date

Daytime Phone #

CR2E037 (12/95)