

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90163 040 \*\*\*\*70.00

**DOCUMENT # N25506**

1. Entity Name  
PGA TOUR WIVES ASSOCIATION, INC.



Principal Place of Business  
112 PGA TOUR BOULEVARD  
PONTE VEDRA, FL 32082 US

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

**50024661**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**PGA TOUR Wives Assn. Inc**  
Suite, Apt. #, etc.  
City & State  
Zip Country

02222005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2903646**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	FAXON, DORY	
STREET ADDRESS	77 RUMSTICK ROAD	
CITY-ST-ZIP	BARRINGTON, RI 028064821	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAY, JENNIFER	
STREET ADDRESS	#6 HICKORY HILLS	
CITY-ST-ZIP	LITTLE ROCK, AR 72212	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHALMERS, NICOLE	
STREET ADDRESS	4228 CASTLE ROCK CT.	
CITY-ST-ZIP	IRVING, TX 75038	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NOBILO, SELENA	
STREET ADDRESS	10209 ATTERBURY COURT	
CITY-ST-ZIP	ORLANDO, FL 32827	
TITLE	DT	<input type="checkbox"/> Delete
NAME	QUIGLEY, AMY	
STREET ADDRESS	127 SANDPIPER CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Dorenea R. Faxon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #