



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

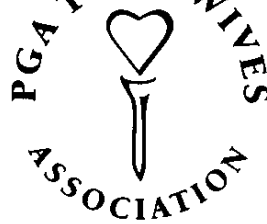
02-16-2006 90033 032 \*\*\*\*70.00

<b>DOCUMENT # N25506</b> 1. Entity Name PGA TOUR WIVES ASSOCIATION, INC.					
Principal Place of Business 112 PGA TOUR BOULEVARD PONTE VEDRA, FL 32082 US				Mailing Address PGA TOUR WIVES ASSOC., INC. P.O. BOX 74 PONTE VEDRA BCH, FL 32004 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2903646				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAXON, DORY 77 RUMSTICK ROAD BARRINGTON, RI 028064821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAY, JENNIFER #6 HICKORY HILLS LITTLE ROCK, AR 72212		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHALMERS, NICOLE 4228 CASTLE ROCK CT. IRVING, TX 75038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Byrd, Amanda 315 Lantern Walk St. Simons Island, GA 31522	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOBILO, SELENA 10209 ATTERBURY COURT ORLANDO, FL 32827		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Crane, Heather 2223 Cedar Elm Terrace Westlake, TX 76262	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT QUIGLEY, AMY 127 SANDPIPER CIRCLE JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Quigley, Amy	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Dorothea R. Faxon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/10/06 904-273-3250 <small>Date Daytime Phone #</small>		

ATTACHMENT

60016393

#N25506



February 10, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32305

Re: PGA TOUR Wives Association, Inc.

To Whom It May Concern:

Enclosed please find the executed 2005 Not-For-Profit Corporation Annual Report for the above-referenced organization. Also enclosed is their check in the amount of \$70 representing the \$61.25 filing fee and \$8.75 for a certificate of status.

If you have any questions regarding this form, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Sara Moores".

Sara H. Moores

Enclosures

**PGA TOUR Wives Association, Inc.**

P.O. Box 74, Ponte Vedra Beach, FL 32004

(904) 273-3285