



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90055 040 \*\*\*\*70.00

<b>DOCUMENT # N25506</b> 1. Entity Name <b>PGA TOUR WIVES ASSOCIATION, INC.</b>					
Principal Place of Business <b>112 PGA TOUR BOULEVARD PONTE VEDRA, FL 32082 US</b>			Mailing Address <b>TOUR WIVES ASSOC., INC. P.O. BOX 74 PONTE VEDRA BCH, FL 32004 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40048035</b>  	
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number <b>59-2903646</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAXON, DORY <input type="checkbox"/> Delete 77 RUMSTICK ROAD BARRINGTON, RI 028064821				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAY, JENNIFER <input checked="" type="checkbox"/> Delete #8 HICKORY HILLS LITTLE ROCK, AR 72212				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRD, AMANDA <input type="checkbox"/> Delete 315 LANTERN WALK SAINT SIMONS ISLAND, GA 31522				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRANE, HEATHER <input type="checkbox"/> Delete 2223 CEDAR ELM TERR WESTLAKE, TX 76282				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUIGLEY, AMY <input checked="" type="checkbox"/> Delete 127 SANDPIPER CIRCLE JUPITER, FL 33477				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Faxon, Dory <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Nayatt Road Barrington, RI 02806				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rose, Kate <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9783 Covent Garden Drive Orlando, FL 32827				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Byrd, Amanda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 Meadow Brook St. Simons Island, GA 31522				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Crane, Heather <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2223 Cedar Elm Terrace Westlake, TX 76262				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gove, Heather <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 49-470 Loren Court La Quinta, CA 92253				
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> <i>Dorothy R. Faxon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/1/07 904/273-3250 Date Daytime Phone #	