


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N35489 1. Entity Name TRAVEL WOMEN INTERNATIONAL GOLF SOCIETY, INC.	
--	---

Principal Place of Business 2928 VINELAND RD. KISSIMMEE, FL 34746	Mailing Address 2928 VINELAND RD. KISSIMMEE, FL 34746
---	---



04232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2980902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LISA L  
 2928 VINELAND ROAD  
 KISSIMMEE, FL 34746

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

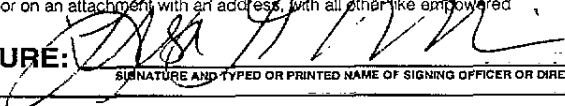
U00000132508  
 04/27/04-80049-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ONDERICK, MINDI 3308 HEATHGATE CT. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD WILLIAMS, LISA 2928 VINELAND RD. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAREY, SANDY 5005 KYNGS HEATH RD. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4/23/04 DAYTIME PHONE #: 407/397-4029