


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 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

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03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2980902 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIAMS, LISA L
 2928 VINELAND ROAD
 KISSIMMEE, FL 34746

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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, 2005

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

10. OFFICERS AND DIRECTORS

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

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 03/19/05-80038-020 61.25

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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 titles empowered.

SIGNATURE: _____ Date: 3/17/05 Daytime Phone # _____