

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 21, 2007  
Secretary of State**

DOCUMENT# N35489

Entity Name: TRAVEL WOMEN INTERNATIONAL GOLF SOCIETY, INC.

**Current Principal Place of Business:**

2928 VINELAND RD.  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

2928 VINELAND RD.  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 59-2980902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, LISA L  
2928 VINELAND ROAD  
KISSIMMEE, FL 34746      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ONDERICK, MINDI  
Address: 3308 HEATHGATE CT.  
City-St-Zip: ORLANDO, FL 32818

Title: VPTD ( ) Delete  
Name: WILLIAMS, LISA  
Address: 2928 VINELAND RD.  
City-St-Zip: KISSIMMEE, FL 34746

Title: SD ( ) Delete  
Name: CAREY, SANDY  
Address: 5005 KYNGS HEATH RD.  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, LISA  
Address: 2928 VINELAND RD.  
City-St-Zip: KISSIMMEE, FL 34746

Title: VPTD (X) Change ( ) Addition  
Name: PITCHERELLO, KAREN  
Address: 324 W. GORE ST.  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA WILLIAMS

PD

02/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date