

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35489

FILED
Mar 28, 2008
Secretary of State

Entity Name: TRAVEL WOMEN INTERNATIONAL GOLF SOCIETY, INC.

Current Principal Place of Business:

2928 VINELAND RD.
KISSIMMEE, FL 34746

New Principal Place of Business:

2941 LUCAYAN HARBOUR CIRCLE
KISSIMMEE, FL 34746

Current Mailing Address:

2928 VINELAND RD.
KISSIMMEE, FL 34746

New Mailing Address:

2941 LUCAYAN HARBOUR CIRCLE
KISSIMMEE, FL 34746

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:

WILLIAMS, LISA L
2941 LUCAYAN HARBOUR CIRCLE
KISSIMMEE, FL 34746 US

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:

03/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: 2941 LUCAYAN HARBOUR CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

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

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

I hereby certify that the information supplied with this filing does not qualify 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

03/28/2008

Electronic Signature of Signing Officer or Director

Date