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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006036

1. Corporation Name
SENIOR TOUR WIVES, INC.

Principal Place of Business % CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	Mailing Address SENIOR TOUR WIVES, INC P O BOX 323 PONTE VEDRA BCH FL 32004 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/09/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3299279
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
 1201 HAYS ST.
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, GAIL DELRAY DUNES GOLF CLUB BOYNTON BEACH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/V Sigel, Betty 1284 Farm Road Berwyn, PA 19312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBUS, BRENDA 3972 SOMEREST DR. SARASOTA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHARLES, VERITY 42 WINDWARD ISLE PBG FL 33418 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRAMPTON, MARLENE 80-472 PEBBLE BEACH LA QUINTA CA 92253 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIKBERT, MARCIA 1641 PEBBLE BEACH LA QUINTA CA 92253 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Colbert, Marcia 222 South Rainbow #218 Las Vegas, NV 89128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, GERALDINE 136 GOVERNORS RD PONTE VEDRA BCH FL 3282 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32082

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** Verity Charles (904) 285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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SENIOR TOUR WIVES, INC.

Item 12. Officers and Directors (continued)

Title: D
Name: Dickson, Carolyn
Street Address: 8208 Seven Mile Drive
City-St-Zip: Ponte Vedra Beach, FL 32082

Title: D
Name: Elder, Sharon
Street Address: 1440 S. Ocean Boulevard #3C
City-St-Zip: Pompano Beach, FL 33062

Title: D
Name: Graham, Patsy
Street Address: 1007 Murfreesboro Road
City-St-Zip: Nashville, TN 37217

Title: D
Name: Quigley, Angie
Street Address: 2670 Tecumseh Drive
City-St-Zip: West Palm Beach, FL 33409

Title: D
Name: Summerhays, Carolyn
Street Address: 960 N. Sage Circle
City-St-Zip: Heber City, UT 84032