2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003428

1. Entity Name
NASC GOLF COMMITTEE, INC.

Principal Place of Business	Mailing Address
8326 WILDE LAKE RD. PENSACOLA, FL 32526	8326 WILDE LAKE RD. PENSACOLA, FL 32526

01032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3719285
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLENN, WALTER H SR
8326 WILDE LAKE RD.
PENSACOLA, FL 32526

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GLENN, WALTER H SR.
STREET ADDRESS	8326 WILDE LAKE RD.
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	T
NAME	STEVINSON, SAM
STREET ADDRESS	1880 E. HATTEN ST.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	T
NAME	COONAN, J J
STREET ADDRESS	1241 DURNFORD PL
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80013-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Walter H Glenn SR WALTER H. GLENN SR Trustee 2/6/08 850-944-0787
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #