

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 19, 2008  
Secretary of State**

DOCUMENT# N33764

Entity Name: SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

**Current Principal Place of Business:**

112 PGA TOUR BLVD  
PONTE VEDRA, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

112 PGA TOUR BLVD  
PONTE VEDRA, FL 32082 US

**New Mailing Address:**

FEI Number: 59-2998912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANDERSON, RICHARD D  
112 PGA TOUR BLVD  
PONTE VEDRA, FL 32082 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: DCP ( ) Delete  
Name: KUGHN, RICHARD P  
Address: 50625 RICHARD W BLVD  
City-St-Zip: CHESTERFIELD, MI 48051

Title: S ( ) Delete  
Name: ANDERSON, RICHARD D  
Address: 8719 ROLLING BROOK DR  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: FINCHEM, TIMOTHY,  
Address: 112 PGA TOUR BOULEVARD  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D ( ) Delete  
Name: PLUMMER, DEREK  
Address: 750 STEPHENSON HIGHWAY  
City-St-Zip: TROY, MI 48083

Title: D ( ) Delete  
Name: MCNAMARA, EDWARD H  
Address: WAYNE CO BLDG, 600 RANDOLPH  
City-St-Zip: DETROIT, MI 48226

Title: D ( ) Delete  
Name: DORAN, WAYNE,  
Address: 1 PARKLANE BLVD, STE 1500 E  
City-St-Zip: DEARBORN, MI 48126

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

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

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

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

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

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: RICHARD D. ANDERSON

S

03/19/2008

Electronic Signature of Signing Officer or Director

Date