


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

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43244**


1. Entity Name  
**CHILDREN'S GOLF FOUNDATIONA, INC.**



Principal Place of Business      Mailing Address

**7301 HAVERHILL RD      7301 HAVERHILL RD**  
**WEST PALM BEACH, FL 33407 US      WEST PALM BEACH, FL 33407 US**

**DO NOT WRITE IN THIS SPACE**



07302007 No Chg-NP      CR2E037 (4/06)


4. FEI Number <b>65-0262208</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**STUHLER, KEITH PSD**  
**10 LEXINGTON LANE EAST**  
**PALM BEACH GARDENS, FL 33418**

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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:       (NOTE: Registered Agent signature required when reinstating.)      DATE: **7/27/07**

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIS, JEFFREY STILES CORP., 300 SE 2ND ST FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, CAROL 11211 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STUHLER, KEITH G 10 LEXINGTON LANE, EAST PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUSTER, CHRIS 3943 WESTCHESTER WAY BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TASLETS, NEIL PO BOX 1162 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, DICK 825 S US 1 STE 240 JUPITER, FL 33477

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 08/01/07-80006-004 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:       DATE: **7/27/07**      DAYTIME PHONE #: **561-352-7606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR