2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005777

Entity Name: FLORIDA DEAF GOLF ASSOCIATION, INC.

FILED Mar 09, 2004 Secretary of State

| Current P | rincipal Place | of Business: | New Princ | New Principal Place of Business: | | |
|---|---|----------------------------------|---|--|-------------------------------|----------|
| 4641 S. AT #605 | LANTIC AVE. | | | | | |
| PORT OR | ANGE, FL 3212 | 27 | | | | |
| Current M | ailing Address | :: | New Maili | New Mailing Address: | | |
| 4641 S. AT #605 | LANTIC AVE. | | | | | |
| | ANGE, FL 3212 | 27 | | | | |
| FEI Number: | 65-0450621 | FEI Number Applied For () | FEI Number Not Appl | licable () | Certificate of Status Desired | () E |
| Name and | Address of Co | ırrent Registered Agent: | Name and | Address of N | lew Registered Agent: | |
| #605 | EITH E LANTIC AVE. ANGE, FL 3212 | 27 US | | | | |
| | named entity so of Florida. | ubmits this statement for the po | urpose of changing i | its registered o | ffice or registered agent, o | or both, |
| SIGNATUR | RE: | | | | | |
| | Electroni | c Signature of Registered Age | nt | | Date | |
| OFFICERS AND DIRECTORS: | | | | IS/CHANGES | TO OFFICERS AND DIR | ECTORS: |
| Title: Name: Address: City-St-Zip: | P () I DE MOTTE, ROY P.O. BOX 11202 DAYTONA BEAC | | Title: Name: Address: City-St-Zip: | P (X) DE MOTTE, RO 5493 WARD LA PORT ORANGE | AKE RD. | |
| Title: Name: Address: City-St-Zip: | VP () KASCHKADAJE\ P.O, BOX 1272 PALM HARBOR, | | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | SECY () I YOUNG, KEITH I 4641 S. ATLANT PORT ORANGE, | IC AVE. #605 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () I DIVINCENZO, FF 7100 ULMERTO LARGO, FL 337 | N RD. #2041 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () I STURGEONS, JI 4851 GANDY BL TAMPA, FL 336 | VD. B 6-19 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () DORSEY, BUD 167-B CARDINA ORMOND BEAC | | Title: Name: Address: City-St-Zip: | () | Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH YOUNG SECY 03/09/2004