

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 11, 2005  
Secretary of State

DOCUMENT# N93000005777

Entity Name: FLORIDA DEAF GOLF ASSOCIATION, INC.

**Current Principal Place of Business:**

4641 S. ATLANTIC AVE.  
#605  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4641 S. ATLANTIC AVE.  
#605  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 65-0450621      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

YOUNG, KEITH E  
4641 S. ATLANTIC AVE.  
#605  
PORT ORANGE, FL 32127 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: P ( ) Delete  
Name: DE MOTTE, ROY  
Address: 5493 WARD LAKE RD.  
City-St-Zip: PORT ORANGE, FL 32128

Title: VP ( ) Delete  
Name: KASCHKADAJEV, ALEX  
Address: P.O, BOX 1272  
City-St-Zip: PALM HARBOR, FL 34682

Title: SECY ( ) Delete  
Name: YOUNG, KEITH E  
Address: 4641 S. ATLANTIC AVE. #605  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: DIVINCENZO, FRANK  
Address: 7100 ULMERTON RD. #2041  
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete  
Name: STURGEONS, JIM  
Address: 4851 GANDY BLVD. B 6-19  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: DORSEY, BUD  
Address: 167-B CARDINAL DR.  
City-St-Zip: ORMOND BEACH, FL 32176

**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: D (X) Change ( ) Addition  
Name: STURGEON, JIM  
Address: 4851 GANDY BLVD. B 6-19  
City-St-Zip: TAMPA, FL 33611

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

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

Electronic Signature of Signing Officer or Director

SECY

03/11/2005

\_\_\_\_\_ Date