

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005777

FILED  
Mar 01, 2007  
Secretary of State

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: PRES ( ) Delete  
Name: DE MOTTE, ROY  
Address: 5493 WARD LAKE RD.  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VP ( ) Delete  
Name: ZACHAREWICZ, ANTHONY  
Address: 2004 TARRAGON LANE  
City-St-Zip: NEW PORT RICHEY, FL 34855 US

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

Title: D ( ) Delete  
Name: DEUEL, HAROLD  
Address: 120 LEGENDARY DR. #101  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

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

**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 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: KEITH YOUNG

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SECY

03/01/2007

\_\_\_\_\_  
Date