2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State
04-04-2006 90143 043 ****61.25

DOCUMENT # N94000006361

1. Entity Name
JAKE GAITHER GOLF ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
3401 SUNNYSIDE DRIVE TALLAHASSEE FL 32305-6969 US	P.O. BOX 6834 TALLAHASSEE FL 32314 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 77-0600402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BILLUPS, ANTHONY W. 3401 SUNNYSIDE DRIVE TALLAHASSEE FL 32305-6969	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS WILLIAMS, MARVIN L 8476 SOUTHERN PARK DR. TALLAHASSEE FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Acoff, Edward 1422 Nancy Drive Tallahassee, Fl. 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BILLUPS, ANTHONY W SR. 3401 SUNNYSIDE DRIVE TALLAHASSEE FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vance, Jaworski 306 Belmont Road Tallahassee, Fl. 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, IRENE 3105 RACKLEY DRIVE TALLAHASSEE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, JOHNNY 4214 JULIA STREET TALLAHASSEE FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brown, Johnny 4214 Julia Road Tallahassee, Fl. 32305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, JOANNE 4100 SILK BAY CT. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATE, LILLIAN 3986 SHILOH CIR. TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Anthony W. Billups, SR. 03-30-06 850-216-4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #