

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 02, 2009
Secretary of State

DOCUMENT# N97000002175

Entity Name: JUNIOR GOLF FOUNDATION OF AMERICA, INC.**Current Principal Place of Business:**200 CARIBE CT.
WEST PALM BEACH, FL 33413**New Principal Place of Business:**1200 COUNTRY CLUB WAY
WEST PALM BEACH, FL 33413**Current Mailing Address:**6342 FOREST HILL BLVD
306
WEST PALM BEACH, FL 33415**New Mailing Address:****FEI Number:** 65-0746961 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COBICK, MARY-LEE J
200 CARIBE CT
WEST PALM BEACH, FL 33413 US**Name and Address of New Registered Agent:**COBICK, MARY-LEE J
196 CARIBE CT
WEST PALM BEACH, FL 33413 US

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: _____

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: COBICK, MARY-LEE J
Address: 200 CARIBE CT
City-St-Zip: WEST PALM BEACH, FL 33413 US**Title:** D () Delete
Name: WHITE, DONNA H
Address: 200 CARIBE CT
City-St-Zip: WEST PALM BEACH, FL 33413 US**Title:** D () Delete
Name: TUCKER, NATALIE
Address: 3023 ALCAZAR PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** D () Delete
Name: GINSBURG, JUDY
Address: 10465 COOPERLAKE WAY
City-St-Zip: BOYNTON BEACH, FL 33437**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: COBICK, MARY-LEE J
Address: 196 CARIBE CT
City-St-Zip: WEST PALM BEACH, FL 33413 US**Title:** D (X) Change () Addition
Name: BOYES, KATHY
Address: 184 CARIBE CT
City-St-Zip: WEST PALM BEACH, FL 33413 US**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 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: MARY-LEE COBICK

P

07/02/2009

Electronic Signature of Signing Officer or Director

Date