

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703878

FILED
Mar 03, 2008
Secretary of State

Entity Name: THE PROFESSIONAL GOLFERS' ASSOCIATION OF AMERICA

Current Principal Place of Business:

100 AVENUE OF CHAMPIONS
PALM BEACH GARDENS, FL 334183653

New Principal Place of Business:

Current Mailing Address:

100 AVENUE OF CHAMPIONS
PALM BEACH GARDENS, FL 334183653

New Mailing Address:

FEI Number: 59-0785835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRITY, CHRISTINE M
100 AVENUE OF THE CHAMPIONS
PALM BCH. GARDENS, FL 33418 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: T () Delete
Name: SHANK, TIM
Address: 100 AVENUE OF THE CHAMPIONS
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: GARRITY, CHRISTINE
Address: 100 AVENUE OF THE CHAMPIONS
City-St-Zip: PALM BEACH GRDNS, FL 33418

Title: D () Delete
Name: REMY, JIM
Address: 100 AVENUE OF THE CHAMPIONS
City-St-Zip: PALM BEACH GRDNS, FL 33418

Title: P () Delete
Name: STERANKA, JOE
Address: 100 AVENUE OF THE CHAMPIONS
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD () Delete
Name: POTTINGER, KIRK
Address: 100 AVENUE OF THE CHAMPIONS
City-St-Zip: PALM BEACH GARDENS, FL

Title: D () Delete
Name: WRONOWSKI, ALAN
Address: 100 AVENUE OF THE CHAMPIONS
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: WHITCOMB, BRIAN
Address: 100 AVENUE OF THE CHAMPIONS
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: /CHRISTINE M. GARRITY/

S

03/03/2008

Electronic Signature of Signing Officer or Director

Date