

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703878

FILED  
Apr 25, 2012  
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  
**Name:** SHANK, TIM  
**Address:** 100 AVENUE OF THE CHAMPIONS  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

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

**Title:** D  
**Name:** SPRAGUE, DEREK  
**Address:** 100 AVENUE OF THE CHAMPIONS  
**City-St-Zip:** PALM BEACH GRDNS, FL 33418

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

**Title:** D  
**Name:** BISHOP, TED  
**Address:** 100 AVENUE OF THE CHAMPIONS  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** D  
**Name:** WRONOWSKI, ALLEN  
**Address:** 100 AVENUE OF THE CHAMPIONS  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTINE M. GARRITY

S

04/25/2012

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

\_\_\_\_\_  
Date