

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18472

Entity Name: PGA TOUR CHARITIES, INC.

Current Principal Place of Business:

1 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

5150 PALM VALLEY RD STE 300
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-2774423

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name MONAHAN, JAY W
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name HAHN, JAMES
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name RICHERSON, JIM
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR, VP
Name PRICE, RONALD E
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP
Name BROWN, LEONARD D JR
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP, TREASURER
Name SHARKEY, KENNETH J
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP, SECRETARY
Name KELLER, ALLISON W
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name HERLIHY, EDWARD D
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

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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: LEONARD D. BROWN, JR.

VP

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOFFMAN, CHARLEY
Address 1 PGA TOUR BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082