

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005777

Entity Name: FLORIDA DEAF GOLF ASSOCIATION, INC.

Current Principal Place of Business:

5493 WARD LAKE DRIVE
PORT ORANGE, FL 32128

Current Mailing Address:

5493 WARD LAKE DRIVE
PORT ORANGE, FL 32128 US

FEI Number: 65-0450621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMOTTE, ROY E
4641 S. ATLANTIC AVE.
#605
PORT ORANGE, FL 32127 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: ROY DEMOTTE

05/06/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name DE MOTTE, ROY
Address 5493 WARD LAKE RD.
City-State-Zip: PORT ORANGE FL 32128

Title VP
Name KALETA, JOHN
Address 2637 DAY LILY RUN
City-State-Zip: THE VILLAGES FL 32162

Title SECY
Name SCHWARZ, LOUIS
Address 2172 BLACKVILLE DRIVE
City-State-Zip: THE VILLAGES FL 32162

Title D
Name DEUEL, HAROLD
Address 120 LEGENDARY DR. #101
City-State-Zip: ST. AUGUSTINE FL 32092

Title D
Name STONE, JR., WILLIAM
Address 170 MARILYN DR. E.
City-State-Zip: FAYETTEVILLE GA 30214

Title D
Name FERNANDEZ, ALEX
Address 285 N.W. 48TH PLACE
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name SOLANO, VICTOR
Address 14451 S.W. 99TH AVE.
City-State-Zip: MIAMI FL 33176

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: VICTOR SOLANO

TREASURER

05/06/2014

Electronic Signature of Signing Officer/Director Detail

Date