## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002071

Entity Name: GULF COAST JUNIOR GOLF TOUR, INC.

**FILED** May 01, 2014 **Secretary of State** CC0517445179

Date

## **Current Principal Place of Business:**

1370 CREEKSIDE BLVD. NAPLES, FL 34108

## **Current Mailing Address:**

P.O. BOX 112437 NAPLES, FL 34108 US

FEI Number: 65-0477835 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ADAMCZYK, MARK E ESQ. 8950 FONTANA DEL SOL WAY SUITE 100 NAPLES, FL 34109 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: MARK E. ADAMCZYK, ESQ. 05/01/2014

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title D

GRAY, CHRIS ADAMCZYK, MARK Name Name

Address P.O. BOX 112437 Address 8950 FONTANA DEL SOL WAY, STE

Title

NAPLES FL 34108 City-State-Zip:

City-State-Zip: NAPLES FL 34109

Title

Name MANLEY, PAUL Name BILLET, VAN Address P.O. BOX 112437 Address P.O. BOX 112437

City-State-Zip: NAPLES FL 34108 NAPLES FL 34108 City-State-Zip:

Title Title

JOHNSON, KEVIN Name Address P.O. BOX 112437

P.O. BOX 112437 Address City-State-Zip: NAPLES FL 34108

Title D

Name

Name FISHER, TERRI Address P.O. BOX 112437 City-State-Zip: NAPLES FL 34108

HART, JIM

City-State-Zip: NAPLES FL 34108

D

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.

05/01/2014 SIGNATURE: MARK ADAMCZYK **DIRECTOR**