

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719183

FILED
Mar 05, 2009
Secretary of State

Entity Name: FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.

Current Principal Place of Business:

1296 NE OCEANVIEW CIRCLE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

1296 NE OCEANVIEW CIRCLE
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 59-2506777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNIFER INNES
1296 NE OCEANVIEW CIRCLE
JENSEN BEACH, FL 34957 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: ES () Delete
Name: JENNIFER INNES,
Address: 1296 NE OCEANVIEW CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: VD () Delete
Name: BASS, SHANE
Address: 201 CROOKED RIVER ROAD
City-St-Zip: CARABELLE, FL 32346

Title: STD () Delete
Name: KISTLER, WILLIAM
Address: 5811 TAMPA PALMS BLVD
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: TAYLOR, MATT
Address: ROYAL POINCIANA CLUB, PO BOX 7039
City-St-Zip: NAPLES, FL 34101

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: BASS, SHANE
Address: 201 CROOKED RIVER ROAD
City-St-Zip: CARABELLE, FL 32346

Title: VD (X) Change () Addition
Name: KISTLER, WILLIAM
Address: 5811 TAMPA PALMS BLVD
City-St-Zip: TAMPA, FL 33647

Title: PPD (X) Change () Addition
Name: TAYLOR, MATT
Address: ROYAL POINCIANA CLUB, PO BOX 7039
City-St-Zip: NAPLES, FL 34101

Title: STD () Change (X) Addition
Name: GARY, MYERS
Address: 9765 GAULT ST.
City-St-Zip: ORLANDO, FL 32836

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: JENNIFER S. INNES

ES

03/05/2009

Electronic Signature of Signing Officer or Director

Date