


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90763 014 *****70.00

DOCUMENT # 720866			
1. Entity Name MARIANNA GOLF ASSOCIATION, INC.			
Principal Place of Business 3309 CAVERNS ROAD MARIANNA, FL 32446		Mailing Address 3309 CAVERNS ROAD MARIANNA, FL 32446	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04302004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DYKES, EVAN J 4267 LAFAYETTE STREET MARIANNA, FL 32447		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ROBERT, PAYNE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT, PAYNE	NAME	
STREET ADDRESS	3373 SAVIA RD	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 32446	CITY-ST-ZIP	
TITLE	STD DYKES, EVAN T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKES, EVAN T	NAME	
STREET ADDRESS	4207 LAFAYETTE STREET	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 32447	CITY-ST-ZIP	
TITLE	STD BRENDEMUEHL, R.H. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDEMUEHL, R.H.	NAME	D Doyle Reeves
STREET ADDRESS	2978 SPRING STREET	STREET ADDRESS	3188 Main St., P.O. Box 154
CITY-ST-ZIP	MARIANNA, FL	CITY-ST-ZIP	Cottontale, FL 32431
TITLE	D SHARON, RAY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON, RAY	NAME	
STREET ADDRESS	639 JACKSON STREET	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 32446	CITY-ST-ZIP	
TITLE	D WILLIAM, KING <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, KING	NAME	
STREET ADDRESS	4400 LAFAYETT STREET	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 32446	CITY-ST-ZIP	
TITLE	D BAXTER, M.L. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAXTER, M.L.	NAME	D Mel Roberts
STREET ADDRESS	5139 EIGHTH AVE.	STREET ADDRESS	4390 Angela Dr.
CITY-ST-ZIP	MALONE, FL	CITY-ST-ZIP	Marianna, FL 32446
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>Evan Dykes</u> Evan Dykes		Date: <u>4/29/04</u> (889) 526-3209	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	