## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#720866** 

FILED May 01, 2006 Secretary of State

Entity Name: MARIANNA GOLF ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3309 CAVERNS ROAD MARIANNA, FL 32446 **Current Mailing Address: New Mailing Address:** 3309 CAVERNS ROAD MARIANNA, FL 32446 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYKES, EVAN J 4267 LAFAYETTE STREET MARIANNA, FL 32447 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SIDNEY, RILEY SIDNEY, RILEY Name: Name: 4338 LAFAYETTE ST. Address: 4338 LAFAYETTE ST. Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446 Title: S/T () Delete Title: () Change () Addition DYKES, EVAN T Name: Name: Address: 4267 LAFAYETTE STREET Address: City-St-Zip: MARIANNA, FL 32447 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition REEVES, DOYLE Name: REEVES, DOYLE Name: Address: 3188 MAIN ST., PO BOX 154 Address: 3188 MAIN ST., PO BOX 154 City-St-Zip: COTTONDALE, FL 32431 City-St-Zip: COTTONDALE, FL 32431 ( ) Delete Title: Title: (X) Change ( ) Addition Name: SHARON, RAY Name: HARKINS, JAMES 639 JACKSON STREET Address: Address: 4286 LAFAYETTE ST. City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446 Title: () Delete Title: () Change () Addition MARCUS, PENDER Name: Name: 4733 SCENIC VIEW DR. Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ROBERTS, MEL WOODLEY, JOHN Name: Name: Address: 4390 ANGELA DR. Address: 4371 MICHAEL DR. MARIANNA, FL 32446 MARIANNA, FL 32446 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EVAN DYKES TR 05/01/2006