

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90053 037 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DYKES, EVAN J  
4267 LAFAYETTE STREET  
MARIANNA, FL 32447**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SIDNEY, RILEY**  
CITY-ST-ZIP **4338 LAFAYETTE ST.  
MARIANNA, FL 32446**

TITLE ☐ Delete  
NAME **S/T**  
STREET ADDRESS **DYKES, EVAN T**  
CITY-ST-ZIP **4267 LAFAYETTE STREET  
MARIANNA, FL 32447**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **REEVES, DOYLE**  
CITY-ST-ZIP **3188 MAIN ST., PO BOX 154  
COTTONDALE, FL 32431**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HARKINS, JAMES**  
CITY-ST-ZIP **4286 LAFAYETTE ST.  
MARIANNA, FL 32446**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MARCUS, PENDER**  
CITY-ST-ZIP **4733 SCENIC VIEW DR.  
MARIANNA, FL 32446**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WOODLEY, JOHN**  
CITY-ST-ZIP **4371 MICHAEL DR.  
MARIANNA, FL 32446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/07 (800) 526-3207