


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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
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04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DYKES, EVAN J
 4267 LAFAYETTE STREET
 MARIANNA, FL 32447



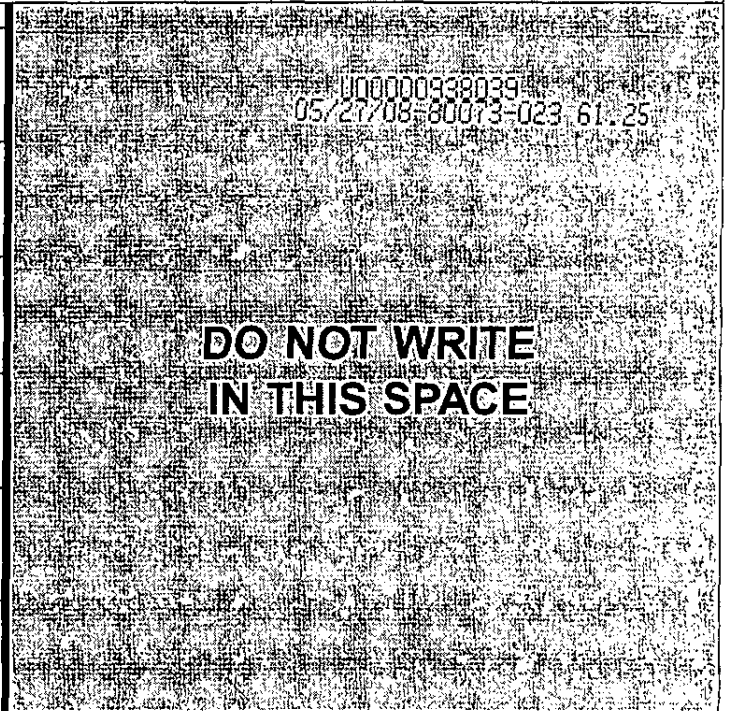
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Larry S. McKeithan Larry McKeithan 4-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDNEY, RILEY 4338 LAFAYETTE ST. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DYKES, EVAN T 4267 LAFAYETTE STREET MARIANNA, FL 32447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEVES, DOYLE 3188 MAIN ST., PO BOX 154 COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKINS, JAMES 4286 LAFAYETTE ST. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, PENDER 4733 SCENIC VIEW DR. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODLEY, JOHN 4371 MICHAEL DR. MARIANNA, FL 32446



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: Larry S. McKeithan Larry McKeithan 492 4257 850 4924257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #