2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720866

Apr 29, 2009 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

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DYKES, EVAN J 4267 LÁFAYETTE 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:

(X) Change () Addition () Delete SIDNEY, RILEY DEAN, LARAMORE Name: Name: 4338 LAFAYETTE ST. Address: 4859 DONNA DR. 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 HAMM, KENNY Name: Name: Address: 3188 MAIN ST., PO BOX 154 Address: 3490 LIVE OAK LN City-St-Zip: COTTONDALE, FL 32431 City-St-Zip: MARIANNA, FL 32446

Title: () Delete Title: D (X) Change () Addition

Name: HARKINS, JAMES Name: OLIVER, JIM Address: 4286 LAFAYETTE ST. Address: 3309 CAVERNS RD City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446

Title: () Delete Title: (X) Change () Addition

MARCUS, PENDER KELLEY, TERRY Name: Name: 4733 SCENIC VIEW DR. 5082 FISH CAMP RD Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446

Title: () Delete Title: (X) Change () Addition

WOODLEY, JOHN SWAILS, BILLY Name: Name: Address: 4371 MICHAEL DR. Address: 4711 THE OAKS 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 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 S/T 04/29/2009