


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2003 8:00 am
Secretary of State

0002614

DOCUMENT # 720866
1. Entity Name
MARIANNA GOLF ASSOCIATION, INC.



07-17-2003 90029 042 ****70.00

Principal Place of Business
**3309 CAVERNS ROAD
MARIANNA FL 32446**

Mailing Address
**3309 CAVERNS ROAD
MARIANNA FL 32446**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

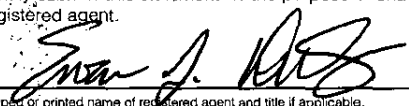
4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BRENDEMUEHL, R. H.
2978 SPRING STREET
MARIANNA FL 32446**

7. Name and Address of New Registered Agent
Name **Evan S. Dyles**
Street Address (P.O. Box Number is Not Acceptable)
4267 Lafayette St.
City **Marianna** FL Zip Code **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:  DATE: **7/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <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	V <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGG, HAROLD G	NAME	Evan S. Dyles, Evan J.
STREET ADDRESS	4614 BALES DR	STREET ADDRESS	4267 Lafayette St.
CITY-ST-ZIP	MARIANNA FL 32446	CITY-ST-ZIP	Marianna, FL 32447
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEMUEHL, R.H.	NAME	
STREET ADDRESS	2978 SPRING STREET	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	CITY-ST-ZIP	
TITLE	D <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	P <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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, M.L.	NAME	
STREET ADDRESS	5139 EIGHTH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MALONE FL	CITY-ST-ZIP	

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:  DATE: **7/15/03** (850) 526-3207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)