


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90290 006 \*\*\*\*61.25

<b>DOCUMENT # 726419</b>	
1. Entity Name THE NORTH FLORIDA SECTION, PROFESSIONAL GOLFERS' ASSOCIATION OF AMERICA, INC.	

Principal Place of Business 200 FOREST LAKE BLVD. SUITE #3 DAYTONA BEACH, FL 32119-8108 US	Mailing Address 200 FOREST LAKE BLVD. SUITE #3 DAYTONA BEACH, FL 32119-8108 US
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**20042295**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04122005 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-1403039	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PORTER, JERRY 200 FOREST LAKE BLVD. SUITE 3 DAYTONA BEACH, FL 32119-8108	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRIS, RON <input type="checkbox"/> Delete 1700 ALAQUA LKS BL LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAROBICK, MIKE <input type="checkbox"/> Delete 984 PALMER ST ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATTERY, JIM <input checked="" type="checkbox"/> Delete #1 COUNTRY CLUB LANE BELLEAIR, FL 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIBBY, RUSS <input type="checkbox"/> Delete 3736 RUBIN RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIROSCAK, BOB <input type="checkbox"/> Delete 8810 STONEBROOK BLVD. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BINSWANGER, JACK <input type="checkbox"/> Delete 3500 PEMBROKE DR. SARASOTA, FL 34239

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Parris, Ron
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fine, Jon Windy Harbor GC, Bldg #1981 Naval Station, Mayport, FL 32228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sims, Kennie 7507 Terra River Dr. Temple Terrace, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **4-20-05** **904-641-8121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #