


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90001 046 \*\*\*\*61.25

<b>DOCUMENT # 728464</b> 1. Entity Name <b>AMATEUR GOLFERS OF ORLANDO, INC.</b>																																																																																																																													
Principal Place of Business <b>8010 YATES RD.</b> <b>ORLANDO, FL 32807 US</b>			Mailing Address <b>P.O. BOX 14181</b> <b>ORLANDO, FL 32814 US</b>																																																																																																																										
2. Principal Place of Business <b>8010 YATES RD</b>		3. Mailing Address <b>P.O. Box 14181</b>																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State <b>ORLANDO, FLA</b>		City & State <b>ORLANDO, FLA</b>		4. FEI Number <b>59-2895277</b>																																																																																																																									
Zip <b>32807</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>JOS. A. WINGERTER</b> <b>8010 YATES RD.</b> <b>ORLANDO, FL 32807</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 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>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">SD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GODDARD, JEFFRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2425 AKBION AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32833</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COEN, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5022 CONTOURA DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32810</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WINGERTER, JOS A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8010 YATES RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PRES; RICK HARRIS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2917 BRIDGEGATE CT,</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FLA, 32822</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	SD	<input type="checkbox"/> Delete	NAME	GODDARD, JEFFRY		STREET ADDRESS	2425 AKBION AVE		CITY - ST - ZIP	ORLANDO, FL 32833		TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	COEN, JOHN		STREET ADDRESS	5022 CONTOURA DRIVE		CITY - ST - ZIP	ORLANDO, FL 32810		TITLE	TD	<input type="checkbox"/> Delete	NAME	WINGERTER, JOS A.		STREET ADDRESS	8010 YATES RD.		CITY - ST - ZIP	ORLANDO, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	PRES; RICK HARRIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS	2917 BRIDGEGATE CT,		CITY - ST - ZIP	ORLANDO, FLA, 32822		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 another like empowered.																																																																																																																													
<b>SIGNATURE:</b> <i>[Signature]</i> AGO Pres.				<b>8-11-05 407-282-4583</b>																																																																																																																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																																																																																																																									

**50062155**



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