


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90059 004 ****61.25

DOCUMENT # 734501 1. Entity Name JACKSONVILLE AMATEUR GOLFERS GUILD, INC.					
Principal Place of Business 7368 KYLAN DR WEST JACKSONVILLE FL 32209 US			Mailing Address P.O. BOX 9950 JACKSONVILLE FL 32208 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6509621	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG, THOMAS 7368 KYLAN DR WEST JACKSONVILLE FL 32209			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P YOUNG, THOMAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7368 KYLAN DR WEST		NAME		
STREET ADDRESS	JACKSONVILLE FL 32209		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD DUNLAP, DONALD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	11537 PETERSHAM FALLS LN		NAME		
STREET ADDRESS	JACKSONVILLE FL 32258		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S FLETCHER, OSCAR J <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1940 COLLEGE CIR N		NAME		
STREET ADDRESS	JACKSONVILLE FL 32209		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T DUNLAP, CORNELL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2472 W. 28TH ST.		NAME		
STREET ADDRESS	JACKSONVILLE FL 32209		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S WRIGHT, BEVERLY <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P.O. BOX 57033		NAME		
STREET ADDRESS	JACKSONVILLE FL 32256		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HAMMOND, JAMES <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	117 W. 12TH ST.		NAME		
STREET ADDRESS	JACKSONVILLE FL		STREET ADDRESS		
CITY-ST-ZIP			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: <i>Thomas Young</i> <i>Thomas Young</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-23-05 (904) 764-5287 <small>Date Daytime Phone #</small>		



1st MOORE CR2E037 (10/04)