2008 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

	<u> </u>	UAL RE	EPUH	II (AK)	<u> </u>								
DOCUMENT # 734501 1. Entity Name										E C			
JACKSONVILLE AMATEUR GOLFERS GUILD, INC.										_ED _PH 2: 04			
Principal Plac	e of Business	Mailing Address					'	00051 20	111 2.04				
7368 KYLAN DR WEST JACKSONVILLE FL 32209 US			P.O. BOX 9950 JACKSONVILLE FL 32208 US					LONGLANT OF STATE					
2. Principal P	lace of Business - No	3. Mailing Address				1 ,44114 (4406							
Suite, Apt, #, etc.			Suite, Apt. #, etc.					2nd MOORE CR2E037 (4/08)					
City & State			City & State				٠	4. FEI Number	9-6509621		Applied For Not Applicab	ole	
Zip Country			Zip Cou			ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current F			legistered Agent			7. Name and Address of New Registered Agent							
Nar							arne						
7368 KYLAN DR WEST JACKSONVILLE FL 32209						Street Address (P.O. Box Number is Not Acceptable)							
JAC	NOONVILLE FL				City	City Zip Code				Code			
A TO 100	and a site of the	41.5	41						11- C)-11 []	rl			
	named entity submits tions of registered ager		the purpose	or changing its	registere	ea onice a	regisier	ed agent, or both, in	the State of Flor	iua. Tam tammar	vitir, and accep	μι	
SIGNATURE Signature, typod or profed name of registered organization and tills if applicable. (NOTE, Registered Agant signature required when reinstating) DATE													
FILE NOW: FEE IS \$61.25 Due By September 3, 2008 9. Election Camp Trust Fund Co						_		\$5.00 May Be Added to Fees		e Check Paya a Department			
10.		FICERS AND DIRE	ECTORS		11.			DDITIONS/CHANG	ES TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, THOMAS 7368 KYLAN DR W JACKSONVILLE FL			Delete			Presio Harr 4174	y upshaw SanJuan Ai	" Jax,fl.,	XI съ 32210	nge 🔀 Additio	ion	
TITLE	VPD			Delete	TITLE		VPD			💢 Cha	nge 🔲 Additio	ion	
NAME CAREET ADODECO	DUNLAP, DONALD			, ,	NAME	: Et address	1740	omas Young					
STREET ADDRESS CITY-ST-ZIP	1					ST-ZIP	736	7368 Kylun Dr. W. Jax, F1.32209					
TIME	S			Delete	TITLE		FINDIN	cial Sect.	•	Cha	nge 🐧 Additio	ion	
NAME FLETCHER, OSCAR J					NAME	ET ADDRESS	OSCA	TJ. Fletcher					
STREET ADDRESS 1940 COLLEGE CIR N CITY-ST-ZIP JACKSONVILLE FL 32209				CITY-			-) College Cir	.N. Jaxf				
TITLE	T			Delete	TITLE			mer		ሺ Cha	nge 🔀 Additio	ion	
NAME STREET ADDRESS	DUNLAP, CORNELI 2472 W. 28TH ST.	=			NAME STREE	ET ADDRESS		ald Dunkap	_		_		
CITY-ST-ZIP	JACKSONVILLE FL	32209				-ST-ZIP	1153	1 Retersham 1	falls LN. J	6xF1.32251	3		
TITLE	D			X Delete	TITLE		Sect.	. 1		☐ Cha	.,	ion	
NAME HAMMOND, JAMES				,,	NAME STREET ADDRESS			ina Mack					
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP	7923	tation Ave.	Jack 1.3	2211			
TITLE		X70	Alac	☐ Delete	TITLE				-	□ Cha	nge 🔲 Additio	ion	
NAME STREET ADDRESS CITY-ST-ZIP		\$1.	1/25			ET ADDRESS -ST-ZIP		09/25/08	13633 -0100-	39512 017 **70.			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 tike empowered.													
SIGNATURE: Xam Upshaw Harry Upshaw								4-11	IJ- <i>W</i> 8				
SIGNAL	UHE:\\	/ PUTTIC	<u> </u>	ww	·MITA	UW.	ربرس	<u> </u>	- T			_	