2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 762584

Entity Name: THE FLORIDA STATE GOLF ASSOCIATION, INC.

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
STE 110
TAMPA, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

8875 HIDDEN RIVER PARKWAY
STE 110
TAMPA, FL 33637 US

New Mailing Address:

FEI Number: 59-2171378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMICK, JAMES
8875 HIDDEN RIVER PKWY
STE 110
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DUDLEY, TOM	
Address:	8875 HIDDEN RIVER PARKWAY, STE 110	
City-St-Zip:	TAMPA, FL 33637	
Title:	VP	( ) Delete
Name:	KEEDY, TOM	
Address:	8875 HIDDEN RIVER PARKWAY, STE 110	
City-St-Zip:	TAMPA, FL 33637	
Title:	S/T	( ) Delete
Name:	APPLEGATE, JIM	
Address:	8875 HIDDEN RIVER PARKWAY, STE 110	
City-St-Zip:	TAMPA, FL 33637	
Title:	D	( ) Delete
Name:	BRIGGS, RANDY	
Address:	8875 HIDDEN RIVER PARKWAY, STE 110	
City-St-Zip:	TAMPA, FL 33637	
Title:	D	( ) Delete
Name:	ROBIDEAU, BRIAN	
Address:	8875 HIDDEN RIVER PARKWAY, STE 110	
City-St-Zip:	TAMPA, FL 33637	
Title:	D	( ) Delete
Name:	ROAT, GEORGE	
Address:	8875 HIDDEN RIVER PARKWAY, STE 110	
City-St-Zip:	TAMPA, FL 33637	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PHILLIPS, CHUCK	
Address:	8875 HIDDEN RIVER PARKWAY, STE 110	
City-St-Zip:	TAMPA, FL 33637	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM DUDLEY P 01/14/2009

Electronic Signature of Signing Officer or Director — Date