2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765293

FILED Apr 26, 2004 Secretary of State

Entity Name: THE PAR 5 GOLFER ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1923 AVE. D 4007 AVENUE M

FT. PIERCE, FL 34950 FT. PIERCE, FL 34947

Current Mailing Address: New Mailing Address:

4007 AVENUE M 1923 AVE. D FT. PIERCE, FL 34950 FT. PIERCE, FL 34947

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JENNINGS, J. BLAYNE 2871 45TH ST. GIFFORD, FL US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VD (X) Change () Addition () Delete HAYNES, LEE A TOWNSEND, JOHN Name: Name: 1502 JUANITA AVE Address: 5335 N.W. NASSAU LANE Address:

City-St-Zip: FT. PIERCE, FL 34946 City-St-Zip: PSL, FL 34983

Title: SD Title: SD (X) Change () Addition () Delete Name: WILLIAMS, JAMES, Name: WILLIAMS, JAMES,

Address: 4007 AVE. M Address: 4007 AVE. M City-St-Zip: FT. PIERCE, FL City-St-Zip: FT. PIERCE, FL 349547

Title: () Delete Title: (X) Change () Addition GIBSON, HOSELY, EDWARDS, DOCK, Name: Name:

1826 S.W. DEL RIO BLVD Address: 1601 AVE, M Address: City-St-Zip: FT. PIERCE, FL City-St-Zip: PSL. FL 34953

Title: () Delete Title: () Change () Addition

BUTLER, CHARLES Name: Name: Address: 1618 AVE Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES WILLIAMS SD 04/26/2004