

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003771

FILED  
Mar 15, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL TOUR CADDIES OF AMERICA. INC.

**Current Principal Place of Business:**

141 LA PASADA CIRCLE WEST  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

141 LA PASADA CIRCLE WEST  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 56-2136228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCELYEA, DALE  
141 LA PASADA CIRCLE WEST  
PONTE VEDRA BEACH, FL 32082 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: MCELYEA, DALE  
Address: 7 ARBOR CLUB DRIVE #106  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V ( ) Delete  
Name: HANSBERRY, RICHARD  
Address: 4627 EASY PLACE SE  
City-St-Zip: WASHINGTON, DC 20019

Title: ST ( ) Delete  
Name: MARTIN, GREG  
Address: 73 ROCK BEACH ROAD  
City-St-Zip: ROCHESTER, NY 14367

Title: D ( ) Delete  
Name: SANDERS, FRED  
Address: 439 SOUTH HALIFAX STREET  
City-St-Zip: AUROA, CO 80015

**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:

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: DALE MCELYEA

PRES

03/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date