

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000582

FILED  
Feb 05, 2005  
Secretary of State

**Entity Name:** INNER CITY YOUTH GOLFERS' INCORPORATED

**Current Principal Place of Business:**

4208 42ND WAY  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 31901  
PALM BCH GARDENS, FL 33420

**New Mailing Address:**

**FEI Number:** 65-0978868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KNOWLES, MALACHI  
4208 42ND WAY  
WEST PALM BEACH, FL 33407 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: DC ( ) Delete  
Name: HANSFORD, MARIAN  
Address: 3702 EVANSTRAIL WAY  
City-St-Zip: BELTSVILLE, MD 20705

Title: DV ( ) Delete  
Name: GOUGH, DARRYL  
Address: P.O. BOX 31901  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: DS ( ) Delete  
Name: DUFFUS, ESMERALDA H  
Address: 4104 DAKOTA PLACE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT ( ) Delete  
Name: BERGMAN, RAYMONDA DR  
Address: 1456 W 30TH STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: CS (X) Delete  
Name: ALLEN, LENNIE T  
Address: ONE BISCAYNE TOWER, SUITE 2000  
City-St-Zip: MIAMI, FL 33131

**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: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARIAN HANSFORD

DC

02/05/2005

Electronic Signature of Signing Officer or Director

Date