

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000582

FILED  
Apr 27, 2008  
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:

1032 CENTER STONE LANE  
RIVIERA BEACH, FL 33404

## 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, ESMERALDA H  
4208 42ND WAY  
WEST PALM BEACH, FL 33407      US

## Name and Address of New Registered Agent:

KNOWLES, ESMERALDA H  
1032 CENTER STONE LANE  
RIVIERA BEACH, FL 33404      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: \_\_\_\_\_

04/27/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DC      ( ) Delete  
Name: KNOWLES, MALACHI  
Address: 1032 CENTER STONE LANE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DV      ( ) Delete  
Name: HANSFORD, MARIAN  
Address: 3702 EVANSTRAIL WAY  
City-St-Zip: BELTSVILLE, MD 20705

Title: DS      ( ) Delete  
Name: KNOWLES, ESMERALDA H  
Address: 1032 CENTER STONE LANE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DT      ( ) Delete  
Name: BERGMAN, RAYMONDA DR  
Address: PO BOX 31901  
City-St-Zip: PALM BEACH GARDENS, FL 33420

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC      (X) Change ( ) Addition  
Name: KNOWLES, MALACHI  
Address: PO BOX 31901  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT      (X) Change ( ) Addition  
Name: BURGMAN, RAYMONDA DR  
Address: PO BOX 31901  
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: MALACHI KNOWLES

DC

04/27/2008

Electronic Signature of Signing Officer or Director

Date