

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002356

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** ON THE GREEN GREATER ORLANDO JR. GOLF FOUNDATION, INC.

**Current Principal Place of Business:**

5628 REVELWOOD LOOP  
WINTER PARK, FL 32792

**New Principal Place of Business:**

5555 WHITE HERON PLACE  
OVIEDO, FL 32765

**Current Mailing Address:**

5628 REVELWOOD LOOP  
WINTER PARK, FL 32792

**New Mailing Address:**

5555 WHITE HERON PLACE  
OVIEDO, FL 32765

**FEI Number:** 59-3632580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAGDOR, TODD D  
5628 REVELWOOD LOOP  
WINTER PARK, FL 32792

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

MAGDOR, TODD D  
5555 WHITE HERON PLACE  
OVIEDO, FL 32765

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: TODD D. MAGDOR

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAGDOR, TODD D  
Address: 5628 REVELWOOD LOOP  
City-St-Zip: WINTER PARK, FL 32792

Title: STD ( ) Delete  
Name: MAGDOR, CAROLE S  
Address: 5628 REVELWOOD LOOP  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: AVILES, KIM  
Address: 4288 CLOVER LEAF PL.  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MAGDOR, TODD D  
Address: 5555 WHITE HERON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: STD (X) Change ( ) Addition  
Name: MAGDOR, CAROLE S  
Address: 5555 WHITE HERON PLACE  
City-St-Zip: OVIEDO, FL 32765

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: TODD D. MAGDOR

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date