2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005719

FILED Apr 28, 2005 Secretary of State

Entity Name: TAMPA BAY JUNIOR GOLF FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HWY 19 N RBOR, FL 346	84			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	HWY 19 N RBOR, FL 346	84			
FEI Number:	: 59-3667001	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:	Name and Address	of New Registered Agent:	
	, DOUG HWY 19 NOR ⁻ RBOR, FL 346				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () WADSWORTH, 1901 VAN DYKI PLAINFIELD, IL	E RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () KOCH, GARY 3320 W. SAN N TAMPA, FL 330		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HAMBLIN, STEI 2415 STEEPLE ROSWELL, GA	CHASE LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PEIFFER, BILL	7. 19 NORTH, #3423	Title: Name: Address: City-St-Zip:	() Change () Addition	
= -		Doloto	Title:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LASETER, DOL	^r . 19 NORTH, #2117	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: DOUG LASETER PSTD 04/28/2005