2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N00000006599

Entity Name: PGA DISASTER RELIEF FUND, INC.

Current Principal Place of Business:

100 AVE. OF THE CHAMPIONS
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

100 AVE. OF THE CHAMPIONS
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-1069292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARRITY, CHRISTINE M
100 AVE. OF THE CHAMPIONS
PALM BEACH GARDENS, FL 33418 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:	S	( ) Delete
Name:	GARRITY, CHRISTINE	
Address:	100 AVE. OF THE CHAMPIONS	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	T	( ) Delete
Name:	SHANK, TIM	
Address:	100 AVE. OF THE CHAMPIONS	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	WHITCOMB, BRIAN	
Address:	100 AVE. OF THE CHAMPIONS	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	WRONOWSKI, ALLEN	
Address:	100 AVE. OF THE CHAMPIONS	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	P	( ) Delete
Name:	STERANKA, JOE	
Address:	100 AVE OF THE CHAMPIONS	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	REMY, JIM	
Address:	100 AVENUE OF THE CHAMPIONS	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BISHOP, TED	
Address:	100 AVE. OF THE CHAMPIONS	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
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: CHRISTINE M. GARRITY S 04/15/2009

Electronic Signature of Signing Officer or Director — Date