

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003221

FILED
Feb 03, 2007
Secretary of State

Entity Name: THE BLOUNT-BOWDEN CHARITY GOLF TOURNAMENT, INC.

Current Principal Place of Business:

4393 COMMONS DRIVE EAST
DESTIN, FL 325413456 US

New Principal Place of Business:

Current Mailing Address:

4393 COMMONS DRIVE EAST
DESTIN, FL 325413456 US

New Mailing Address:

FEI Number: 59-3716284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUNNELS, DAVAGE J III
36468 EMERALD COAST PKWY
STE 2101
DESTIN, FL 325413723 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: DP () Delete
Name: MCNEIL, JOHN A JR.
Address: 4502 OLDE PLANTATION PL
City-St-Zip: DESTIN, FL 325413425 US

Title: D () Delete
Name: MCNEIL, BEVERLY A
Address: 4502 OLDE PLANTATION PL
City-St-Zip: DESTIN, FL 325413425 US

Title: DVST () Delete
Name: RUNNELS, DAVAGE J JR.
Address: 4342 CARRIAGE LN
City-St-Zip: DESTIN, FL 325413453 US

Title: D () Delete
Name: RUNNELS, BONNIE L
Address: 4342 CARRIAGE LN
City-St-Zip: DESTIN, FL 325413453 US

Title: D () Delete
Name: BLOUNT, W. HOUSTON
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 338590832 US

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 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: JAM - TB

DP

02/03/2007

Electronic Signature of Signing Officer or Director

Date