

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006355

FILED
Jan 09, 2009
Secretary of State

Entity Name: PORT MALABAR MEN'S GOLF ASSOCIATION, INC.

Current Principal Place of Business:

1425 SCEPTER CT. NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1425 SCEPTER CT. NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 55-0805144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYFERT, G.A.
1425 SCEPTER COURT
PALM BAY, FL 32905 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: P () Delete
Name: FREEMAN, DONALD
Address: 2128 SRING CREEK CIRCLE NE
City-St-Zip: PALM BAY, FL 32405

Title: S () Delete
Name: DENNIS, LARRY
Address: 2090 COGAL DR. SE.
City-St-Zip: PALM BAY, FL 32909

Title: V () Delete
Name: BRANDT, RUBERT
Address: 2013 REDWOOD CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: SEYFERT, GEORGE
Address: 1425 SCEPTER CT NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: GIBBS, JAMES
Address: 1972 BRUCKER COURT NE
City-St-Zip: PALM BAY, FL 32407

Title: D () Delete
Name: WILLIAMS, STANLEY
Address: 2225 HIGHWAY AIA
City-St-Zip: INDIALANTIC, FL 32903

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:

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: GEORGE A. SEYFERT

TREA

01/09/2009

Electronic Signature of Signing Officer or Director

Date