

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N03000009800

Entity Name  
MWH GOLF CLASSIC, INC.



Principal Place of Business  
3741 EAST HILLSBOROUGH AVENUE  
TAMPA, FL 33610 US

Mailing Address  
P.O. BOX 311394  
TAMPA, FL 33680 US



01192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
27-0070897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOTT, OLIN  
3741 EAST HILLSBOROUGH AVENUE  
TAMPA, FL 33610

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MOTT, OLIN 3741 EAST HILLSBOROUGH AVENUE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD EDMUNDS, ED 6403 HARNEY ROAD TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAFNER, JOSEPH C 1408 SWANN AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELSWICK, JIM 2718 CRESTFIELD DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000598806  
01/25/07-80001-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if it were the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that I am not a director, officer, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Olin Mott* OLIN MOTT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

Information  
director  
lock 11 ii

3945