

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004133

FILED
Apr 28, 2009
Secretary of State

Entity Name: AFRICAN AMERICAN GOLFER'S HALL OF FAME, INC.

Current Principal Place of Business:

1032 CENTER STONE LANE
RIVIERA BEACH BEACH, FL 33404

New Principal Place of Business:

1032 CENTER STONE LANE
RIVIERA BEACH BEACH, FL 33404 US

Current Mailing Address:

PO BOX 31901
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KNOWLES, ESMERALDA H
1032 CENTER STONE LANE
RIVIERA BEACH, FL 33404 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: DC () Delete
Name: KNOWLES, MALACHI
Address: PO BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: DV () Delete
Name: KNOWLES, JOHN H
Address: 3702 EVANS TRAIL WAY
City-St-Zip: BELTSVILLE, MD 20705 US

Title: DS () Delete
Name: KNOWLES, ESMERALDA H
Address: PO BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

Title: DT () Delete
Name: BURGMAN, RAYMONDA PH.D
Address: PO BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33404

Title: D () Delete
Name: BROWN, SR., GORDON
Address: PO BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33420 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: DT (X) Change () Addition
Name: BURGMAN, RAYMONDA PH.D
Address: PO BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33404 US

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: MALACHI KNOWLES

DC

04/28/2009

Electronic Signature of Signing Officer or Director

Date