

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001071

FILED  
Aug 12, 2008  
Secretary of State

**Entity Name:** FLORIDA WEST COAST GOLF COURSE SUPERINTENDENTS ASSOCIATION BENEVOLENT FUND, INC.

**Current Principal Place of Business:**

1936 BRUCE B DOWNS BLVD #305  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

1936 BRUCE B DOWNS BLVD #305  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

**FEI Number:** 91-1391031      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KISTLER, BILL  
1936 BRUCE B DOWNS BLVD #305  
WESLEY CHAPEL, FL 33543      US

**Name and Address of New Registered Agent:**

HALEY, CHRISTI  
1936 BRUCE B DOWNS BLVD #305  
WESLEY CHAPEL, FL 33543      US

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: CHRISTI HALEY

08/12/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KISTLER, BILL  
Address: 5811 TAMPA PALMS BLVD  
City-St-Zip: TAMPA, FL 33647

Title: V      ( ) Delete  
Name: VANETTEN, DUANE  
Address: 2669 ST. ANDREWS BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BILL KISTLER

P

08/12/2008

Electronic Signature of Signing Officer or Director

Date