

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90027 001 \*\*\*\*61.25

**DOCUMENT # N05000002080**

1. Entity Name

**DISCALIBUR DISC GOLF CLUB INCORPORATED**



Principal Place of Business

**1490 DENALI ST. SE  
PALM BAY FL 32909**

Mailing Address

**1490 DENALI ST. SE  
PALM BAY FL 32909**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-2492577**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLASOR, STEVE  
1490 DENALI ST. SE  
PALM BAY FL 32909**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LILJA, ROBERT ☐ Delete  
STREET ADDRESS 1784 IXORA DR. W,  
CITY- ST- ZIP MELBOURNE FL 32935

TITLE VD  
NAME RUSSELL, RON ☒ Delete  
STREET ADDRESS 401 RIVERSIDE DR  
CITY- ST- ZIP MELBOURNE BEACH FL 32951

TITLE TD  
NAME SLASOR, STEVE ☐ Delete  
STREET ADDRESS 1490 DENALI ST. SE  
CITY- ST- ZIP PALM BAY FL 32909

TITLE SD  
NAME MCGUIRE, DALE ☐ Delete  
STREET ADDRESS 2522 APPALACHIAN TR  
CITY- ST- ZIP MELBOURNE FL 32935

TITLE D  
NAME KILGORE, BRIAN ☒ Delete  
STREET ADDRESS 1368 ELCON DR.  
CITY- ST- ZIP MELBOURNE FL 32904

TITLE D  
NAME ALDRIDGE, RON ☒ Delete  
STREET ADDRESS 2771 KENSINGTON RD.  
CITY- ST- ZIP MELBOURNE FL 32935

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VD ☐ Change ☒ Addition  
NAME TOM FUCHS  
STREET ADDRESS 995 MIRACLE WAY  
CITY- ST- ZIP Rockledge, FL 32955

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Lilja Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT LILJA JR 2/12/08 321-749-7758**