2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N05000002080

Entity Name: DISCALIBUR DISC GOLF CLUB INCORPORATED

Current Principal Place of Business:

1490 DENALI ST. SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

1490 DENALI ST. SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 20-2492577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLASOR, STEVE
1490 DENALI ST. SE
PALM BAY, FL 32909 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: PD ( ) Delete
Name: LILJA, ROBERT
Address: 1784 IXORA DR. W.
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete
Name: FUCHS, TOM
Address: 995 M RALLE WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete
Name: SLASOR, STEVE
Address: 1490 DENALI ST. SE
City-St-Zip: PALM BAY, FL 32909

Title: SD ( ) Delete
Name: MCGUIRE, DALE
Address: 2522 APPALACHIAN TR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FUCHS, TOM
Address: 995 MIRACLE WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD (X) Change ( ) Addition
Name: ARENS, MIKE
Address: 1468 AUTUMNWOODS DR
City-St-Zip: MELBOURNE, FL 32935

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: STEVEN T SLASOR TD 04/27/2009

Electronic Signature of Signing Officer or Director — Date