

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005879

FILED
Jan 22, 2007
Secretary of State

Entity Name: POLK COUNTY AMATEUR GOLF CHAMPIONSHIP, INC.

Current Principal Place of Business:

141 5TH ST NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

141 5TH ST NW
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 20-5216178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, KERRY M
141 5TH ST NW
WINTER HAVEN, FL 33881 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: D () Delete
Name: RADOCHA, RICHARD F
Address: 1225 CYPRESS POINTE E RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: SCAMEHORN, BRUCE
Address: 3207 HERON COVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: COLEMAN, CHARLES M JR
Address: 102 CAMPBELL DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HYMAN, KEVIN
Address: 1161 INTERLOCHEN BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: BRABINER, TONY
Address: 4200 COUNTRY CLUB RD SOUTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: TINGLEY, EARLE C
Address: 2853 COUNTRY CLUB RD NORTH
City-St-Zip: WINTER HAVEN, FL 33881

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: () Change () Addition
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Address:
City-St-Zip:

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 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: RICHARD F. RADOCHA

PRES

01/22/2007

Electronic Signature of Signing Officer or Director

Date