

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000005879**

1. Entity Name  
**POLK COUNTY AMATEUR GOLF CHAMPIONSHIP, INC.**



Principal Place of Business  
**141 5TH ST NW  
WINTER HAVEN, FL 33881**

Mailing Address  
**141 5TH ST NW  
WINTER HAVEN, FL 33881**



02192008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5216178**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, KERRY M  
141 5TH ST NW  
WINTER HAVEN, FL 33881**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RADOCHA, RICHARD F
STREET ADDRESS	1225 CYPRESS POINTE E RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	SCAMEHORN, BRUCE
STREET ADDRESS	3207 HERON COVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	COLEMAN, CHARLES M JR
STREET ADDRESS	102 CAMPBELL DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	HYMAN, KEVIN
STREET ADDRESS	1161 INTERLOCHEN BLVD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	BRABINER, TONY
STREET ADDRESS	4200 COUNTRY CLUB RD SOUTH
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	TINGLEY, EARLE C
STREET ADDRESS	2853 COUNTRY CLUB RD NORTH
CITY-ST-ZIP	WINTER HAVEN, FL 33881

U000000833922  
02/28/08-80032-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Charles M. Coleman Jr.* 2/19/08 863-875-0018