2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N06000005879

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:

6039 CYPRESS GARDENS BLVD
BOX 186
WINTER HAVEN, FL 33884

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
Name:	
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 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: CHARLES M. COLEMAN, JR DIR 01/22/2009

Electronic Signature of Signing Officer or Director — Date