2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011545

1. Entity Name

Principal Place of Business

1111 N. CONGRESS AVENUE

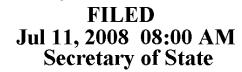
WEST PALM BEACH, FL 33409

ROONEY'S GOLF FOUNDATION, INC.



Mailing Address

1111 N. CONGRESS AVENUE WEST PALM BEACH, FL 33409





07022008 No Chg-NP

CR2E037 (4/06)

Daytme Phone #

4.	FEI Number 22-3948682		Applied For Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROONEY, THOMAS J 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				•	•
8. The above the obligat	named entity submits this statement for the patients of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
D	Filing Fee is \$61.25 ue by September 12, 2008	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROONEY, PATRICK J JR. 1111 N. CONGRESS AVENUE WEST PALM BEACH, FL 33409				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROONEY, BRIAN J 48103 W. OXFORD AVENUE CANTON, MI 48187		000000954286 07/11/08-80006-013 70.00 DO NOT WRITE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D ROONEY, THOMAS J 853 SE MONTEREY COMMONS BLVI STUART, FL 34996) .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS : CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exer not accurate and that my signatu to execute his report as require other like impowered.	nptions cor re shall hav d by Chapt	ntained in Chapter 119 te the same legal effecter 617, Florida Statute	e, Florida Statutes. I further certify that the information of as if made under eath, that I am an officer or director s; and that my name appears in Block 10 or Block 11 if

OR DIRECTOR