

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011545

1. Entity Name

ROONEY'S GOLF FOUNDATION, INC.



Principal Place of Business

1111 N. CONGRESS AVENUE
WEST PALM BEACH, FL 33409

Mailing Address

1111 N. CONGRESS AVENUE
WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE



07022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
22-3948682

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROONEY, PATRICK J JR.
STREET ADDRESS 1111 N. CONGRESS AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE D
NAME ROONEY, BRIAN J
STREET ADDRESS 48103 W. OXFORD AVENUE
CITY-ST-ZIP CANTON, MI 48187

TITLE D
NAME ROONEY, THOMAS J
STREET ADDRESS 853 SE MONTEREY COMMONS BLVD.
CITY-ST-ZIP STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000354286
07/11/08-80006-013 70.00

**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 #