2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N07377

Entity Name: PASCO COUNTY SENIOR MENS GOLF ASSOCIATION INC.

Current Principal Place of Business:

P.O. BOX 1374
ELFERS, FL 34680

New Principal Place of Business:

6248 HALIFAX DRIVE
NEW PORT RICHY, FL 34653

Current Mailing Address:

P.O. BOX 1374
ELFERS, FL 34680

New Mailing Address:

P. O. BOX 1374
ELFERS, FL 346801374

FEI Number: 59-2484498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEARS, CURTISS R SR
6248 HALIFAX DR
NEW PORT RICHEY, FL 34653 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:	DAVIS, ROGER	
Address:	P.O. BOX 1274	
City-St-Zip:	ELFERS, FL 34680	
Title:	D	( ) Delete
Name:	COSTELLO, JAMES	
Address:	PO BOX 1374	
City-St-Zip:	ELFERS, FL 34680	
Title:	STD	( ) Delete
Name:	SEARS, CURTISS R SR	
Address:	PO BOX 1374	
City-St-Zip:	ELFERS, FL 34680	
Title:	PD	( ) Delete
Name:	WALTON, WILLIAM	
Address:	PO BOX 1374	
City-St-Zip:	ELFERS, FL 34680	
Title:	VD	( ) Delete
Name:	CONAUGHTY, EDWARD	
Address:	P.O. BOX 1374	
City-St-Zip:	ELFERS, FL 34680	
Title:	D	( ) Delete
Name:	FERRARO, JOSEPH	
Address:	P.O. BOX 1374	
City-St-Zip:	ELFERS, FL 34680	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	BONK, GEORGE	
Address:	P O BOX 1374	
City-St-Zip:	ELFERS, FL 34680	
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:	D	(X) Change ( ) Addition
Name:	HAVENS, JOHN	
Address:	P.O. BOX 1374	
City-St-Zip:	ELFERS, FL 34680	

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: CURTISS R. SEARS SR. STD 01/06/2009

Electronic Signature of Signing Officer or Director — Date