

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2004
Secretary of State**

DOCUMENT# N12808

Entity Name: SOUTH FLORIDA GOLF FOUNDATION, INC.

Current Principal Place of Business:

4400 NW 87 AVE
LODGE 8
MIAMI, FL 33178 US

New Principal Place of Business:

4400 NW 87 AVE
MIAMI, FL 33178 US

Current Mailing Address:

4400 NW 87 AVE
LODGE 8
MIAMI, FL 33178 US

New Mailing Address:

4400 NW 87 AVE
MIAMI, FL 33178 US

FEI Number: 59-2666056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS-FITZGERALD, ABIGAIL C
C/O HUNTON & WILLIAMS, BARCLAYS FINANCIAL
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131 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: PD () Delete
Name: DAVIS, R.N. JIM
Address: 8 MORGAN CT.
City-St-Zip: MORRISTOWN, NJ 07960

Title: VP () Delete
Name: SHAFER, ROBERT
Address: 4206 LAGUNA ST.
City-St-Zip: CORAL GABLES, FL 33146

Title: SD () Delete
Name: BATTLE, PATRICK T
Address: 7850 NW 146 ST
City-St-Zip: MIAMI LAKES, FL 33016

Title: T () Delete
Name: PAIGE, JOEL
Address: 1140 NIGHTINGALE AVE.
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, ROBERT N. "JIM"
Address: 8 MORGAN CT.
City-St-Zip: MORRISTOWN, NJ 07960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STEINBAUER, JOHN
Address: 3785 NW 82ND AVENUE
City-St-Zip: MIAMI, FL 33166

Title: T (X) Change () Addition
Name: PAIGE, JOEL
Address: 9735 NW 52ND STREET, #101
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOEL B. PAIGE

T

04/20/2004

Electronic Signature of Signing Officer or Director

Date