2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21116

FILED Jun 11, 2004 Secretary of State

Entity Name: INTERNATIONAL SENIORS AMATEUR GOLF SOCIETY, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
4 ELMWO ASHEVILL	OD LANE .E, NC 28803	US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
4 ELMWO ASHEVILL	OD LANE .E, NC 28803	US			
FEI Number	: 59-2803351	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
	ON, JOHN TH COURT SLES, FL 33160)			
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICER	S AND DIRECT	rors:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MEHEN, TOM 2831 E HIGHLA SCOTTSDALE, 2		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BRATTON, JACI 46-850 AMIR PALM DESERT,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JONES, BARRY 1341 WRENFIE VILLANOVA, PA	LD WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () MORRISON, JA 124 SILVERMIS LITTLE SILVER	тст	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () ROSS, OBLEY 802 SLASH PIN	Delete E COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip:	NAPLES, FL		Oity Ot Zip.		

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: JOHN THORNTON ED 06/11/2004